# VIRGINIA DEPARTMENT OF TAXATION



# ELECTRONIC FILING SOFTWARE VENDOR TEST PACKAGE

Publication VA-1436 Revised 11/5/04

### Virginia Department of Taxation Test Package 2004

All software developers and transmitters must test and be approved by both the IRS and the Virginia Department of Taxation. Testing ensures that, prior to live processing: (1) software is correctly formatted, (2) edits agree with Virginia specifications, (3) returns will have no math errors, (4) required fields are present, and (5) required fields will post to the Virginia Department of Taxation databases.

A list of all approved software developers will be maintained by the Virginia Department of Taxation and made available to all electronic filers inquiring about acceptable electronic filing software. This information is available online at www.tax.virginia.gov.

The 2004 Publication VA-1436, *Test Package for Electronic Filing of Individual Income Tax Returns*, contains 10 scenarios. The scenarios provide only the necessary information to prepare the state forms based on the information provided in the IRS Publication 1436, *Test Package for Electronic Filing of Individual Income Tax Returns*. This may require some adjustments to the federal income tax return.

The range of test social security numbers designated by the IRS for use by Virginia for Federal/State testing is 400-00-7000 to 400-00-7099. The IRS will only accept these social security numbers during testing. If a return is submitted during live processing within this range, they will be rejected.

To expedite the software testing process for tax year 2004, all test transmissions will be reviewed and a Test Summary Report will be prepared and sent via email to the software developers within 48 hours. Each report will list the test return number, IRS field number, received value and expected value. Any questions about the test results can be directed to the Electronic Filing Staff as indicated.

Software Developers will be emailed the Test Summary Report when compare has been completed. Please wait for this before submitting another test file. Test scenarios can be retransmitted as soon as all corrections listed on the Test Summary Report have been made. An acceptance letter will be emailed to the Software Developer upon approval.

### Requirements

- Testing must be scheduled through the Virginia ELF Coordinator. The following must be provided when testing is scheduled:
  - Company name
  - Contact person
  - Email address
  - Voice telephone number
  - ❖ Limitations of software (i.e. unable to support 760py, 763, etc.)
- Initial test transmission include test returns for all forms supported by your software

### Contact personnel

Filing Guidelines, Procedures, Record Layout and Software Guidelines

Kerry Williams (804) 367-0240 kwilliams@tax.virginia.gov

Tina Thoummarath (804) 367-6100 tthoummarath@tax.virginia.gov

### VIRGINIA ELECTRONIC FILING CALENDAR FOR TAX PERIOD JANUARY 1, 2004 to DECEMBER 31, 2004

Begin Federal/State Software Testing November 9, 2004\*

Begin Transmitting Live Returns to Internal Revenue Service or January 14, 2005\*

Virginia Department of Taxation

Last Date to Transmit Virginia Returns Electronically October 22, 2005\*

Submitting Test Transmissions No cut off date

**NOTE**: These dates are subject to change at any time.

### Virginia ELF Test Return Information

VA Test	IRS Test	Taxpayer Name	SSN
1	2	Test A Eau De Toilette	400-00-7000
2	3	Test N Ertia	400-00-7001
3	5	Test O Maple	400-00-7002
4	6	Test P Barrell	400-00-7003
5	10	Test U Phrozintowes	400-00-7004
6	11	Test T Hunter	400-00-7005
7	20	Test R De La Halo & Ruby D Monday	400-00-7006
8	25	Test O Olympics	400-00-7007
9	33	Test Y Insightful	400-00-7008
10	29	Test T & Isabel H Livingwaters	400-00-7009

VIRGINIA TEST # 1/IRS TEST # 2

FORMS REQUIRED: FORM 760CG, SCHEDULE ADJ/CG

INFORMATION RETURNS ATTACHED: FORM W-2 (1)

BOX 15, VA

VOLUNTARY CONTRIBUTIONS: VIRGINIA COMMISSION FOR THE ARTS, 100

SCHOOL FOUNDATION CONTRIBUTION: CULPEPER SCHOOLS FOUNDATION, 50

ESSEX FIRST EDUCATIONAL FOUNDATION, 50

LOCALITY CODE: 760

PREPARER: SSN: 223-02-4578

PHONE: 804-276-0805

FILING ELECTION, 7 (ELECTRONICALLY FILED)
DEPARTMENT CAN DISCUSS RETURN WITH PREPARER

TAXPAYER: NAME: TEST A EAU DE TOILETTE SSN: 400-00-7000

DOB: 02-14-1976 OCCUPATION: SALES CLERK

HOME PHONE: 804-349-2826 DISABLED: NO DAYTIME PHONE: 804-349-2826 BLIND: NO

ADDRESS: 5 GOTTA SMELL GOOD ST

COLOGNE, MN 55322

ADDRESS CHANGE FROM LAST YEAR

FILING STATUS: SINGLE

FORM 760CG:

FEDERAL ADJUSTED GROSS INCOME: 9370 VIRGINIA ADJUSTED GROSS INCOME: 9370

VIRGINIA TAXABLE INCOME: 5570

TAXPAYER WITHHOLDING: 525 OVERPAYMENT AMOUNT: 376

ADJUSTMENTS/CONTRIBUTIONS: 200

REFUND AMOUNT: 176

# VA760CG -Tax Year 2004 Individual Income Tax Return

### 

# \*VA0760104999\*

TEST A EAU DE TOILETTE

5 GOTTA SMELL GOOD S	5	GOTTA	SMELL	GOOD	ST
----------------------	---	-------	-------	------	----

COLOGNE		MN Headof	55322		Name or Filing Change:		Accelerated Refund:	$\exists$
FilingStatus:	1	Househo	old:		Address Change:	X	Amended:	NOL:
Exemptions	65 and over	Blind	Dependents	Total	Virginia Return			
Yourself 1				01	Not Filed Last Year:		Locality: •	760
Spouse					Your SSN	EAUD	•	400007000
Vendor ID:	•				Spouse's SSN		•	
1. Fed Adj Gross I	ncome	•	9370	•	16a. Your VAGI		•	
2. Additions, see	pg 2, line 3	•			16b. Spouse's VAGI		•	
3. Subtotal	Γ		9370	•	17. Net Tax			149.
4a. Age Deduction	-You	•			18a. Your Withholdin	g	•	525.
4b. Age Deduction	- Spouse	•			18b. Spouse's Withh	olding	•	
5. Soc Sec & Tier	1 Railroad	•			19. Estimated Payn	nents	•	
<ol> <li>State Inc Tax O</li> <li>Other Subtracti</li> </ol>		•			20. Extension Paym	nents	•	
see pg 2, line 7	10115,	•			21. Credit for Low	Income	•	
8. Subtotal Subtra	ctions	•			22. Credit tax paid a	another sta	ate ●	
9. Total VAGI			9370	•	23. Other Credits		•	
10a. Federal Sch. A Itemized Dedu	otiona				24. Total Payments / Credits			525.
					/ Credits		<b>_</b>	525.
10b. State/Local Inco	ome Tax	•			25. Tax you Owe		•	
10. Deductions		•	3000		26. Overpayment A	Amount	•	376.
11. Exemptions			800.		<ol> <li>Amount to Credit to Next Y</li> </ol>	/ear's Tax	. •	
·				•				
12. Child/Depender	nt Care	•			28. Adjustments/C Amount You O		ons •	200.
13. Subtotal			3800	•	Paid by Credit (Enter X)		•	
14. VA Taxable Inco	ome		5570	•	Refund:		*	176.
15. Tax Amt.			149.		Bank Routing Number	•	•	
16. Spouse Tax Adj	justment	•			Bank Account Number	•		
_LARDLAR	LTD \$				Office Use:			

### **VA760CG** Page 2 - Year 2004

A EAU DE TOILETTE TEST

### 400007000

#### ADDITIONAL FILING INFORMATION Farming/Fishing, Coalfield

Merchant Seaman: Enhancement Fixed Date **Taxpaver** Deceased: Conformity: Dependenton Overseas another's return: when due:

Preparer Info 223024578 Total Voluntary Contributions 200.

Phone

8043492826 8043492826 •• Spouse's Name - Filing Status 3 Only You

Spouse

### Additions - SCH ADJ/CG - Part 1

- Interest on obligations of other state
- Other Additions: a. Fixed Date Conformity
- - b.
  - C.

TotalAdditions:

#### **Subtractions**

- Income from obligations or securities of the U.S.
- Disability Income reported as wages
- Other:
  - a. Fixed Date Conformity
  - b.
  - c.
  - d.
- **Total Subtractions:**

Dept of Taxation can discuss my return with my preparer.

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Date \_ Your Signature \_\_\_

Spouse's Signature \_\_\_\_ Date

#### Tax Credit for Low Income Individuals

Total Additions, Penalty and Interest

Addition from 760C OR 760F

Consumer's Use Tax

8. Exemption Information Social Security VAGI Number a.

**SUMMARY OF ADJUSTMENTS**(from SCH ADJ/CG Part 2)

\*VA0760203999

- b.
- C.
- d.
- e.
- f.
- Total Family VAGI
- 9. Total Exemptions
- 10. Exemption total on this return
- 11. Line 10 multiplied by \$300
- 12. Credit (Lesser of Line 11 above or Page 1, Line 17)

### AGE DEDUCTION DETAILS

You

Spouse

Χ

### PAID TAX PREPARER INFORMATION

223024578 Tax Preparer FEIN/PTIN/SSN

7 Filing Election

8042760805 Preparer Phone Number

Preparer Date \_\_\_ Signature \_

### 2004 Virginia Schedule ADJ/CG Part 2

# \*VA0ADJ104999\*

TEST	A EAU DE TO	OILETTE			40000	7000		
Credit for Tax Paid	to Another State	F	_	25. Othe	r Volunta	ry Contributions		
Border State Rul	le	ı		a.	•		•	
13a.Enter the filing other state's tax	status claimed on the			b.	•		•	
				School F	oundatio	n Contributions		
person claiming 1. You 2. Spot				c.	•	047001	•	50.
				d.	•	057001	•	50.
13. Qualifying taxab the other state's				26. Total	Adjustme	ents		200.
14. Virginia Taxable	Income			Amende	d Return	s	$\neg$	
15.Qualifying tax ow	ved to the other			07		المستحدة والمتدر	•	
state a. Name of stat	te:			retur		with original dditional tax as filed	•	
16. Virginia Income	Tax			and I	ine 24 fro	om above om Form 760,		
17. Income percenta	age			enter		if any on		
18. Virginia Income by Income perce				show	n on origi	if any, as nal return sly adjusted	•	
19. Credit Allowed				30. Subti	ract line 2	29 from line 28		
Adjustments to Am	ount of Tax			31. Tax Y	ou Owe		•	
20. Addition to Tax a. Addition from	n Form 760C	•		32. Tax \	ou Overp	paid	•	
b. Addition from	Form 760F					l Contributions f Schedule CR		
21. Penalty		•		405 F=4-	F00/ -f	41		
a. Late Filing Pe	enalty				ical contr	the amount of eliquitions	gible	
b. Extension Pe	nalty			400.0		la la dista con an		
22. Interest		•		106.Cred	ait allowa	ble this year		
23. Consumer's Use		If the Credit for Political Contributions is the <b>ONLY</b> credit claimed on Schedule CR, you are not required to send the Schedule CR with your return.						
24. Voluntary Contril from overpaid ta								
a. •	83	•	100.					_
b. •		•			_			Ш

VIRGINIA TEST # 2/IRS TEST # 3

FORMS REQUIRED: FORM 760CG, SCHEDULE ADJ/CG

INFORMATION RETURNS ATTACHED: FORM W-2 (1) BOX 15, VA

VOLUNTARY CONTRIBUTIONS: VIRGINIA COMMISSION FOR THE ARTS, 25

TUITION ASSISTANCE GRANT FUND, 25

ADDITIONS: OTHER ADDITIONS, 250

LOCALITY CODE: 540

PREPARER: FEIN: 54-1112211

PHONE: 804-352-2323

FILING ELECTION, 7 (ELECTRONICALLY FILED)
DEPARTMENT CAN DISCUSS RETURN WITH PREPARER

OTHER: DIRECT DEPOSIT

DEPENDENT OF ANOTHER

TAXPAYER: NAME: TEST N ERTIA SSN: 400-00-7001

DOB: 09-05-1989 OCCUPATION: COOK

DISABLED: NO BLIND: NO

DAYTIME PHONE: 305-678-9012

ADDRESS: 215 LAID BACK WAY

LAZY POINT, NY 11930-2150

FILING STATUS: SINGLE

DIRECT DEPOSIT: NAME OF INSTITUTION: LAST SAVINGS BANK

RTN: 012456778

ACCT #: 111-222-3456
TYPE OF ACCT: SAVINGS

FORM 760CG:

FEDERAL ADJUSTED GROSS INCOME: 2420

ADDITIONS: 250

VIRGINIA ADJUSTED GROSS INCOME: 2670

VIRGINIA TAXABLE INCOME: 0 TAXPAYER WITHHOLDING: 215 OVERPAYMENT AMOUNT: 215

ADJUSTMENTS/CONTRIBUTIONS: 50

REFUND AMOUNT: 165

# VA760CG -Tax Year 2004 Individual Income Tax Return

### 

TEST

# \*VA0760104999\*

N ERTIA

215 LAID BACK WAY							
LAZY POINT	NY Head of	1193021	50	Name or Filing Change:		Accelerated Refund:	
FilingStatus: 1	Househ	old:		Address Change:		Amended:	NOL:
Exemptions 65 and over	Blind	Dependents	Total	Virginia Return Not Filed Last Year:		Locality: •	540
Yourself 1 Spouse			01	Your SSN	ERTI	•	400007001
Vendor ID: ●				Spouse's SSN		•	
1. Fed Adj Gross Income	•	2420	•	16a. Your VAGI		•	
2. Additions, see pg 2, line 3	•	250	•	16b. Spouse's VAGI		•	
3. Subtotal		2670	•	17. Net Tax			
4a. Age Deduction - You	•			18a. Your Withholdin	ng	•	215.
4b. Age Deduction - Spouse	•			18b. Spouse's Withl	holding	•	
5. Soc Sec & Tier 1 Railroad	•			19. Estimated Pay	ments	•	
<ul><li>6. State Inc Tax Overpayment</li><li>7. Other Subtractions,</li></ul>	•			20. Extension Payı	ments	•	
see pg 2, line 7	•			21. Credit for Low	Income	•	
8. Subtotal Subtractions	•			22. Credit tax paid	another sta	ate ●	
9. Total VAGI		2670	•	23. Other Credits	_	•	
10a. Federal Sch. A Itemized Deductions				24. Total Payments / Credits	_		215.
10b. State/Local Income Tax	•			25. Tax you Owe		•	
10. Deductions	•			26. Overpayment	Amount	•	215.
11. Exemptions				27. Amount to Credit to Next	Year's Tax	•	
12. Child/Dependent Care	•			28. Adjustments/0		ns •	50.
13. Subtotal				Amount You ( Paid by Credit (Enter X)		•	
14. VA Taxable Income				Refund:		*	165.
15. Tax Amt.				Bank Routing Number	• s	•	012456778
16. Spouse Tax Adjustment	•			Bank Account Number	•	1	112223456
_LAR _DLAR _LTD \$				_ Office Use:			

### VA760CG Page 2 - Year 2004

TEST N ERTIA

400007001						
ADDITIONAL FI Farming/ Fishing		ATION Coalfield	I	SUMMARY OF ADJUSTME	NTS(from SCH AD	J/CG Part 2)
Merchant Seam	an:	Enhancement		Total Additions, Penalty and	Interest	
Taxpayer Deceased:		Fixed Date Conformity:		Addition from 760C OR 760	)F	
Dependent on another's return:	X	Overseas when due:		Consumer's Use Tax	$\neg$	
Preparer Info	54111	2211	7 ••	Total Voluntary Contributions		50.
Phone You		30567	89012 ••	Spouse's Name - Filing Stat	rus 3 Only	
Spouse			•			
Additions - SCH	I ADJ/CG - Part	1		Tax Credit for Low Income I	ndividuals	
Interest on o of other state	bligations			8. Exemption Information	Social Security Number	VAGI
2. Other Additional Prize 2. Additional Prize 2. The Priz	ons: e Conformity	•		a. b.		
b.	99		250.	c. d. e.		
C.				f.		
3. TotalAdditio	ns:	L	250.	g. Total Family VAGI	•	
Subtractions				9. Total Exemptions	•	
	n obligations s of the U.S.	•		10. Exemption total on this	return	
<ol><li>Disability In reported as</li></ol>		•		11. Line 10 multiplied by \$3	300	
6. Other: a. Fixed Da	ite Conformity	•		12. Credit (Lesser of Line 1 above or Page 1, Line 1		
b.	•	•		AGE DEDUCTION DETAILS		
c.	•	•		You		_
d.	•	•		Spouse		
7. Total Subtra	actions:			PAID TAX PREPARER INFO	RMATION	
7. Total Gubile	dollorio.			Tax Preparer FEIN/PTIN/SS	N	541112211
Dept of Taxation my return with m			Х	Filing Election		7
I (We), the undersign return and to the best	ed, declare under per t of my (our) knowledg	nalty of law that I (we) hav ge, it is a true, correct and	re examined this complete return.	Preparer Phone Number		8043522323
Vour Cianaturo		Date		Preparer Signature		_ Date

\*VA0760203999\*

\_ Date\_\_\_

Spouse's Signature \_\_\_

### 2004 Virginia Schedule ADJ/CG Part 2

# \*VA0ADJ104999\*

TEST	N ERTI	A		400007001	
Credit for Ta	ax Paid to Another St	ate	_	25. Other Voluntary Contributions	
Border S	tate Rule		ı	a. •	•
	e filing status claimed ate's tax return.	I on the		b. •	•
011101 011	ato o tax rotam.			School Foundation Contributions	
13b.Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint				c. •	•
	2. 000000 0. 001110			d.	•
	g taxable income on v state's tax is based	vhich		26. Total Adjustments	50
14. Virginia	Taxable Income			Amended Returns	7
15.Qualifying	g tax owed to the othe	r			•
state a. Name	e of state:			27. Amount paid with original return, plus additional tax paid after it was filed	•
16. Virginia I	Income Tax			28. Add line 27 from above and line 24 from Form 760,	
17. Income p	percentage			enter here	
	ncome Tax multiplied ne percentage			29. Overpayment, if any, as shown on original return or as previously adjusted	•
19. Credit All	lowed			30. Subtract line 29 from line 28	
Adjustments	s to Amount of Tax			31. Tax You Owe	•
20. Addition a. Addit	to Tax ion from Form 760C	•		32. Tax You Overpaid	•
b. Addit	ion from Form 760F			Credit for Political Contributions From Part XXIII, of Schedule CR	
21. Penalty		•			
	Filing Penalty			105.Enter 50% of the amount of political contributions	əligible
b. Exter	nsion Penalty			106.Credit allowable this year	
22. Interest		•		100. Credit allowable triis year	
23. Consum	er's Use Tax	•		If the Credit for Political C credit claimed on Schedule to send the Schedule	e CR, you are not required
	y Contributions rpaid taxes				
a.	• 84	•	25.		
b.	• 85	•	25.	L	

VIRGINIA TEST # 3/IRS TEST # 5

FORMS REQUIRED: FORM 760CG

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

BOX 15, VA

CONSUMER'S USE: 50

ADDITIOINS: INTEREST OF FEDERALLY EXEMPT US OBLIGATIONS, 1000

LOCALITY CODE: 087

PREPARER: PTIN: P30023513

PHONE: 201-338-2525

NAME: JOE TAX

FIRM NAME: QUICK TAX

ADDRESS: 32 TAXATION LANE

AUDUBON, NJ 081067842

FILING ELECTION, 7 (ELECTRONICALLY FILED)
DEPARTMENT CAN DISCUSS RETURN WITH PREPARER

OTHER: DEPENDENT OF ANOTHER

DIRECT DEBIT

TAXPAYER: NAME: TEST O MAPLE SSN: 400-00-7002

DOB: 04-15-1986 OCCUPATION: TREE TRIMMER

DISABLED: NO BLIND: NO

DAYTIME PHONE: 201-555-1111

ADDRESS: 7842 WEEPING WILLOW LN

AUDUBON, NJ 08106-7842

VIRGINIA RETURN NOT FILED LAST YEAR

FILING STATUS: SINGLE

FORM PAYMENT: ACH DEBIT

RTN: 012345672

ACCT #: 123400000

TYPE OF ACCT: CHECKING AMOUNT OF PAYMENT: 391

FORM 760CG:

FEDERAL ADJUSTED GROSS INCOME: 13,900

ADDITIONS: 1000

VIRGINIA ADJUSTED GROSS INCOME: 14,900

VIRGINIA TAXABLE INCOME: 11,100

TAXPAYER WITHHOLDING: 84

TAX YOU OWE: 341

ADJUSTMENTS/CONTRIBUTIONS: 50

AMOUNT YOU OWE: 391

# VA760CG -Tax Year 2004 Individual Income Tax Return

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# \*VA0760104999\*

TEST 0 MA	PLE ,		
7842 WEEPING WILL	OW LN		
AUDUBON FillingStatus: 1	NJ 081067842 Head of Household:	Name or Filing Change: Address	Accelerated Refund:
Exemptions 65 and over	Blind Dependents 1	Change:  Otal Virginia Return	Amended: NOL:
Yourself 1		<sup>otal</sup> Virginia Return Not Filed Last Year: X )1	Locality: • 087
Spouse		Your SSN MAPL	• 400007002
Vendor ID: ●		Spouse's SSN	•
1. Fed Adj Gross Income	• 13900.	16a. Your VAGI	•
2. Additions, see pg 2, line 3	• 1000.	16b. Spouse's VAGI	•
3. Subtotal	14900.	17. Net Tax	425.
4a. Age Deduction - You	•	18a. Your Withholding	• 84.
4b. Age Deduction - Spouse	•	18b. Spouse's Withholding	•
5. Soc Sec & Tier 1 Railroad	•	19. Estimated Payments	•
6. State Inc Tax Overpayment	t •	20. Extension Payments	•
7. Other Subtractions, see pg 2, line 7	•	21. Credit for Low Income	•
8. Subtotal Subtractions	•	22. Credit tax paid another sta	ate •
9. Total VAGI	14900.	23. Other Credits	•
10a. Federal Sch. A		24. Total Payments	0.4
Itemized Deductions		/Credits	84.
10b. State/Local Income Tax	•	25. Tax you Owe	• 341.
10. Deductions	• 3000.	26. Overpayment Amount	•
11. Exemptions	800.	<ol><li>Amount to Credit to Next Year's Tax</li></ol>	•
12. Child/Dependent Care	•	28. Adjustments/Contributio	ns • 50.
13. Subtotal	3800.	Amount You Owe: Paid by Credit Card (Enter X)	• 391.
14. VA Taxable Income	11100.	Refund:	*
15. Tax Amt.	425.	Bank Routing Number C	• 012345672
16. Spouse Tax Adjustment	•	Bank Account Number  •	1234000000

Office Use:

### **VA760CG** Page 2 - Year 2004

TEST O MAPLE 400007002

### ADDITIONAL FILING INFORMATION

Farming/ Fishing, Coalfield
Merchant Seaman: Enhancement
Taxpayer Fixed Date
Deceased: Conformity:
Dependent on Overseas

Χ

Preparer Info P30023513

Preparer Inio P30023513

Phone You

Spouse

when due:

### Additions - SCH ADJ/CG - Part 1

1. Interest on obligations 1000. of other state

2. Other Additions:

a. Fixed Date Conformity

b.

another's return:

c.

3. TotalAdditions: 1000.

#### Subtractions

4. Income from obligations or securities of the U.S.

Disability Income reported as wages

6. Other:

a. Fixed Date Conformity

b. • •

c. • •

d. •

7. Total Subtractions:

Spouse's Signature \_\_\_

Dept of Taxation can discuss my return with my preparer.

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

File by May 2, 2005

### \*VA0760203999\*

50.

7

### **SUMMARY OF ADJUSTMENTS**(from SCH ADJ/CG Part 2)

Total Additions, Penalty and Interest

Addition from 760C OR 760F

Consumer's Use Tax

Total Voluntary Contributions

Total voluntary Continbutions

2015551111 ● ● Spouse's Name - Filing Status 3 Only

#### Tax Credit for Low Income Individuals

8. Exemption Information Social Security VAGI Number a.

b.

C.

d.

e.

f.

g. Total Family VAGI

9. Total Exemptions

10. Exemption total on this return

11. Line 10 multiplied by \$300

12. Credit (Lesser of Line 11 above or Page 1, Line 17)

### AGE DEDUCTION DETAILS

You

Spouse

Χ

Date\_

### PAID TAX PREPARER INFORMATION

Tax Preparer FEIN/PTIN/SSN P30023513

Filing Election

Preparer Phone Number 2013382525

Preparer
Signature \_\_\_\_\_ Date \_\_\_\_\_

JOE TAX
QUICK TAX
32 TAXATION LANE
AUDUBON NJ 081067842

b.

TEST	O MAPLE				400007002	2		
Credit for Tax Pa	id to Another State	_		25. Other	Voluntary Cor	ntributions		
Border State R	Rule	ı		a.	•		•	
13a.Enter the filin other state's t	g status claimed on the tax return.	•		b. School F	oundation Cor	atributions	•	
person claimi	nber below to identify the ing the credit ouse 3. Joint	9		c. d.	•		•	
	able income on which 's tax is based			26. Total	Adjustments			50
14. Virginia Taxab 15. Qualifying tax of state a. Name of si	owed to the other			27. Amou	d Returns unt paid with o	nal tax	٦	
16. Virginia Incom				28. Add li and li	after it was file ne 27 from abo ne 24 from Fo	ove	•	
<ul><li>17. Income percei</li><li>18. Virginia Incom by Income per</li></ul>	e Tax multiplied			show	here payment, if any n on original ret previously adj	urn	•	
19. Credit Allowed	I			30. Subtr	act line 29 fro	n line 28		
Adjustments to A	mount of Tax			31. Tax Y	ou Owe		•	
20. Addition to Tax	x om Form 760C	•		32. Tax Y	ou Overpaid		•	
b. Addition fro	om Form 760F				r Political Con t XXIII, of Sche			
21. Penalty  a. Late Filing I		•			r 50% of the a cal contributio		jible	
<ul><li>b. Extension F</li><li>22.Interest</li></ul>	Penalty	•		106.Cred	lit allowable th	is year		
23. Consumer's L	Jse Tax	•	50.		edit claimed or	Schedule Cl	tributions is the R, you are not re R with your retur	equired
24. Voluntary Confrom overpaid								
a. •		•		_				<u>.</u>

VIRGINIA TEST # 4/IRS TEST # 6

FORMS REQUIRED: FORM 760CG

INFORMATION RETURNS ATTACHED: FORM 1099-R (2)

BOX 11, VA

OTHER SUBTRACTIONS: FOSTER CARE, 1000

LOCALITY CODE: 810

PREPARER: FEIN: 54-2839662

PHONE: 757-638-2954

FILING ELECTION, 7 (ELECTRONICALLY FILED)
DEPARTMENT CAN DISCUSS RETURN WITH PREPARER

TAXPAYER: NAME: TEST P BARRELL SSN: 400-00-7003

DOB: 06-18-1937 OCCUPATION: RETIRED

DISABLED: NO BLIND: NO

DAYTIME PHONE: 757-532-1333 HOME PHONE: 757-532-8585

ADDRESS: 25000 HAM AND BACON JUNCTION

PIG TOWN, MD 21230

FILING STATUS: SINGLE

DEPENDENT INFORMATION:

NAME AGE SSN RELATIONSHIP ROLAND BARRELL 19 400-00-7010 FOSTERCHILD

FORM 760CG:

FEDERAL ADJUSTED GROSS INCOME: 17,000

AGE DEDUCTION: 12,000
OTHER SUBTRACTIONS: 1000

VIRGINIA ADJUSTED GROSS INCOME: 4000

VIRGINIA TAXABLE INCOME: 0
TAXPAYER WITHHOLDING: 521

REFUND: 521

# VA760CG -Tax Year 2004 Individual Income Tax Return

### 

# \*VA0760104999\*

TEST P BARRELL

### 25000 HAM AND BACON JUNCTION

PIG TOWN	MD Heado			Name or Filing Change:		Accelerated Refund:	$\neg$
Filing Status: 1	Househ	nold:		Address Change:		Amended:	NOL:
Exemptions 65 and over	Blind	Dependents	Total	Virginia Return Not Filed Last Year:		Locality: •	810
Yourself 1 1 Spouse		01	03	Your SSN	BARR	•	400007003
Vendor ID:   ●				Spouse's SSN		•	
1. Fed Adj Gross Income	•	17000		16a. Your VAGI		•	
2. Additions, see pg 2, line 3	•			16b. Spouse's VAG	I	•	
3. Subtotal	1	17000		17. Net Tax			
4a. Age Deduction - You	•	12000		18a. Your Withholdi	ng	•	521.
4b. Age Deduction - Spouse	•			18b. Spouse's With	holding	•	
5. Soc Sec & Tier 1 Railroad	•			19. Estimated Pay	ments	•	
6. State Inc Tax Overpaymen	t •			20. Extension Pay	ments	•	
7. Other Subtractions, see pg 2, line 7	•	1000		21. Credit for Low	/ Income	•	
8. Subtotal Subtractions	•	13000		22. Credit tax paid	another sta	te •	
9. Total VAGI  10a. Federal Sch. A  Itemized Deductions	-	4000	•	<ul><li>23. Other Credits</li><li>24. Total Payments / Credits</li></ul>	s	•	521.
10b. State/Local Income Tax	•			25. Tax you Owe		•	
10. Deductions	•			26. Overpayment	Amount	•	521.
11. Exemptions				27. Amount to Credit to Next	Year's Tax	•	
12. Child/Dependent Care	•			28. Adjustments/0		ns •	
13. Subtotal				Amount You ( Paid by Credit (Enter X)		•	
14. VA Taxable Income				Refund:		*	521.
15. Tax Amt.				Bank Routing Number	•	•	
16. Spouse Tax Adjustment	•			Bank Account Number	•		
_LARDLARLTD \$				_ Office Use:			

### **VA760CG** Page 2 - Year 2004

P BARRELL TEST

ADDITIONAL FILING INFORMATION

### 400007003

Farming/Fishing, Coalfield Merchant Seaman: Enhancement Fixed Date **Taxpaver** Deceased: Conformity: Dependenton Overseas another's return: when due:

Preparer Info 542839662

Phone 7575328585 You

7575321333

### Spouse Additions - SCH ADJ/CG - Part 1

Interest on obligations of other state

Other Additions:

a. Fixed Date Conformity

b.

C.

TotalAdditions:

#### **Subtractions**

- Income from obligations or securities of the U.S.
- Disability Income reported as wages
- Other:
  - a. Fixed Date Conformity
  - 25 b.
  - c.
  - d.
- **Total Subtractions:**

Dept of Taxation can discuss my return with my preparer.

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Date \_ Your Signature \_\_\_

Spouse's Signature \_\_\_\_ Date\_\_\_\_

### \*VA076020399

### **SUMMARY OF ADJUSTMENTS**(from SCH ADJ/CG Part 2)

Total Additions, Penalty and Interest

Addition from 760C OR 760F

Consumer's Use Tax

**Total Voluntary Contributions** 

Spouse's Name - Filing Status 3 Only

#### Tax Credit for Low Income Individuals

8. Exemption Information Social Security VAGI Number a.

- b.
- C.
- d.
- e.
- f.
- Total Family VAGI
- 9. Total Exemptions
- 10. Exemption total on this return
- 11. Line 10 multiplied by \$300
- 12. Credit (Lesser of Line 11 above or Page 1, Line 17)

### AGE DEDUCTION DETAILS

You

Spouse

1000.

1000.

Χ

### PAID TAX PREPARER INFORMATION

542839662 Tax Preparer FEIN/PTIN/SSN

7 Filing Election

7576382954 Preparer Phone Number

Preparer Date \_\_\_ Signature \_

VIRGINIA TEST # 5/IRS TEST # 10

FORMS REQUIRED: FORM 760CG, SCHEDULE ADJ/CG

INFORMATION RETURNS ATTACHED: FORM W-2 (2)

BOX 15, VA

NY INCOME TAX WITHHELD, 75 MD INCOME TAX WITHHELD, 65 DC INCOME TAX WITHHELD, 3

OTHER SUBTRACTIONS: FOSTER CARE, 1000

VOLUNTARY CONTRIBUTIONS: SPAY AND NEUTER FUND, 25

VIRGINIA FEDERATION OF HUMANE SOCIETIES, 25

OTHER VOLUNTARY CONTRIBUTIONS: FAMILY/CHILDREN'S TRUST FUND, 25

HOME ENERGY ASSISTANCE, 25

SCHOOL FOUNDATION CONTRIBUTIONS: CHESAPEAKE PUBLIC SCHOOLS, 50

CULPEPER SCHOOLS FOUNDATION, 50

LOCALITY CODE: 099

PREPARER: SSN: 231-47-2323

PHONE: 540-685-2395

FILING ELECTION, 7 (ELECTRONICALLY FILED)
DEPARTMENT CAN DISCUSS RETURN WITH PREPARER

TAXPAYER: NAME: TEST U PHROZINTOWES SSN: 400-00-7004

DOB: 06-12-1968 OCCUPATION: CLERICAL

DISABLED: NO BLIND: NO

DAYTIME PHONE: 540-677-3395 HOME PHONE: 540-332-8863

ADDRESS: 1832 NORTH POLE LN

COLDFOOT, AK 99701

FILING STATUS: HEAD OF HOUSEHOLD

DEPENDENT INFORMATION:

NAME AGE SSN RELATIONSHIP
JESSICA LEE 15 400-00-7011 DAUGHTER
TAMMY TY 11 400-00-7012 FOSTERCHILD
SAMMY PHROZINTOWES 7 400-00-7013 SON

FORM 760CG:

FEDERAL ADJUSTED GROSS INCOME: 10,400

OTHER SUBTRACTIONS: 1000

VIRGINIA ADJUSTED GROSS INCOME: 9400

VIRGINIA TAXABLE INCOME: 3200

TAXPAYER WITHHOLDING: 480 CREDIT FOR LOW INCOME: 66

ADJUSTMENTS/CONTRIBUTIONS: 200

REFUND: 280

# VA760CG -Tax Year 2004 Individual Income Tax Return

### 

# \*VA0760104999\*

TEST U PHROZINTOWES

### 1832 NORTH POLE LN

COLDFOOT	AĶ Headof	99701		Name or Filing Change:	Accelerated Refund:	$\neg$
FilingStatus: 1	Househo	old: X		Address Change:	Amended:	NOL:
Exemptions 65 and over	Blind	Dependents	Total	Virginia Return		
Yourself 1		03	04	Not Filed Last Year:	Locality:	099
Spouse				Your SSN PF	iro •	400007004
Vendor ID: ●				Spouse's SSN	•	
1. Fed Adj Gross Income	•	10400.		16a. Your VAGI	•	
2. Additions, see pg 2, line 3	•			16b. Spouse's VAGI	•	
3. Subtotal		10400.		17. Net Tax		66.
4a. Age Deduction - You	•			18a. Your Withholding	•	480.
4b. Age Deduction - Spouse	•			18b. Spouse's Withholdin	g •	
5. Soc Sec & Tier 1 Railroad	•			19. Estimated Payments	•	
6. State Inc Tax Overpayment	•			20. Extension Payments	•	
7. Other Subtractions, see pg 2, line 7	•	1000.	•	21. Credit for Low Inco	me •	66.
8. Subtotal Subtractions	•	1000.	•	22. Credit tax paid anoth	ner state •	
9. Total VAGI		9400.		23. Other Credits	•	
10a. Federal Sch. A Itemized Deductions				24. Total Payments / Credits	1	546.
						540.
10b. State/Local Income Tax	•			25. Tax you Owe	•	
10. Deductions	•	3000.		26. Overpayment Amou	unt ●	480.
11. Exemptions		3200.		27. Amount to Credit to Next Year's	s Tax •	
12. Child/Dependent Care	•			28. Adjustments/Contri	butions •	200.
13. Subtotal		6200.	•	Amount You Owe: Paid by Credit Card	•	
14. VA Taxable Income		3200.	•	(Enter X) Refund:	*	280.
15. Tax Amt.		66.		Bank Routing Number ●	•	
16. Spouse Tax Adjustment	•			Bank Account Number	•	
_LARDLARLTD \$				Office Use:		

### **VA760CG** Page 2 - Year 2004

V	<b>70006</b> Page 2 - Year 2004						*VA076020399					
	ST 0007004	U PHRO	OZINTO	WES	_		\	111010020	3777			
Far	<b>DITIONAL FILING</b> ming/ Fishing, rchant Seaman:	INFORMA	Coalfie	ld cement			SUMMARY OF ADJUSTN Total Additions, Penalty a	·	G Part 2)			
	payer ceased:		Fixed D Conforr				Addition from 760C OR 7					
	pendenton other's return:		Overse when d				Consumer's Use Tax	٦				
Pre	eparer Info	23147	2323		7	••	Total Voluntary Contribution	าร	200.			
Pho You	one 540332	3328863 54067733			5	••	Spouse's Name - Filing S	Spouse's Name - Filing Status 3 Only				
Spo	ouse					•						
Add	ditions - SCH ADJ	J/CG - Part	1				Tax Credit for Low Incom	e Individuals				
1.	Interest on obligation	tions					8. Exemption Information	Social Security Number	VAGI			
2.	Other Additions: a. Fixed Date Co	nformity	•				a. TEST U PHROZII b.	N 400007004	9400.			
	b.						c. JESSICA LEE d. TAMMY TY e. SAMMY PHROZIN	400007011 400007012 r 400007013				
	C.						f.					
3.	TotalAdditions:		L_				g. Total Family VAGI	•	9400.			
Su	btractions	•					9. Total Exemptions	•	04			
4.	Income from oblior securities of the	ne U.S.	•				10. Exemption total on th	is return	04			
5.	Disability Income reported as wage		•				11. Line 10 multiplied by	\$300	1200.			
6.	Other: a. Fixed Date Co	onformity	•				12. Credit (Lesser of Line above or Page 1, Line		66.			
	b. •	25	•	100	0.	•	AGE DEDUCTION DETAIL	LS				
	c. •		•				You					
	d. •		•				Spouse					
				4.00	_		PAID TAX PREPARER INF	ORMATION				

7. Total Subtractions: 1000.

Dept of Taxation can discuss my return with my preparer. Χ

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Spouse's Signature \_\_\_\_\_\_ Date\_\_\_\_\_

231472323 Tax Preparer FEIN/PTIN/SSN

200.

9400.

66.

7 Filing Election

5406852395 Preparer Phone Number

Preparer \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_

### 2004 Virginia Schedule ADJ/CG Part 2

# \*VA0ADJ104999\*

TEST	U PHROZINI	COWES			40000	7004		
Credit for Tax Paid	I to Another State		•	25. Othe	r Volunta	ry Contributions		
Border State Ru	le	I		a.	•	72	•	25.
13a.Enter the filing other state's ta	status claimed on the x return.	e		b.	•	81	•	25.
12h Entartha numb	or bolow to identify th			School F	oundatio	n Contributions		
person claiming		е		C.	•	550001	•	50.
·				d.	•	047001	•	50.
13. Qualifying taxab the other state's	ole income on which s tax is based			26. Total	l Adjustme	ents		200.
14. Virginia Taxable	e Income			Amende	d Return	s	7	
15.Qualifying tax ov	wed to the other			27 Ama	unt naid s	with original	-	
state a. Name of sta	te:			retur		with original dditional tax as filed	•	
16. Virginia Income	Tax					om above om Form 760,		
17. Income percent	age			enter		if any an		
18. Virginia Income by Income perce				show	n on origi	if any, as nal return sly adjusted	•	
19. Credit Allowed				30. Subt	ract line 2	29 from line 28		
Adjustments to Am	ount of Tax			31. Tax \	ou Owe		•	
20. Addition to Tax a. Addition from	m Form 760C	•		32. Tax \	You Overp	paid	•	
b. Addition from	n Form 760F					l Contributions f Schedule CR		
21. Penalty a. Late Filing Pe	enalty	•			er 50% of ical contr	the amount of elig	gible	
b. Extension Pe	enalty			pont	icai comi	ibutions		
22. Interest	·	•				ble this year		
23. Consumer's Us	e Tax	•			edit claim	dit for Political Cor ned on Schedule C nd the Schedule Cf	R, you are r	not required
24. Voluntary Contri from overpaid ta								
a. •	86	•	25.					_
b. •	84	•	25.		_			

VIRGINIA TEST # 6/IRS TEST # 11

FORMS REQUIRED: FORM 760PY, SCHEDULE NPY

INFORMATION RETURNS ATTACHED: FORM W-2 (14), FORM W-2GU (1)

OTHER: DIRECT DEBIT

DATES OF RESIDENCE: 01/01/2004-06/01/2004

OTHER SUBTRACTIONS: 4992

LOCALITY CODE: 087

PREPARER: PTIN: P23456789

FILING ELECTION, 7 (ELECTRONICALLY FILED)
DEPARTMENT CAN DISCUSS RETURN WITH PREPARER

TAXPAYER: NAME: TEST T HUNTER SSN: 400-00-7005

DOB: 03-16-1939 OCCUPATION: MUSICIAN

DISABLED: NO BLIND: NO

DAYTIME PHONE: 205-555-1020 HOME PHONE: 804-282-0308

ADDRESS: 1234 LUKE THOMAS BLVD

QUINTON, AL 35130

FILING STATUS: SINGLE

DIRECT DEPOSIT: NAME OF INSTITUTION: MOUNTAIN STATE BANK

RTN: 053111674

ACCT #: 123-444-5678
TYPE OF ACCT: CHECKING

FORM 760PY:

FEDERAL ADJUSTED GROSS INCOME: 15,325

OTHER SUBTRACTIONS: 9992

VIRGINIA ADJUSTED GROSS INCOME: 5333

VIRGINIA TAXABLE INCOME: 2645
2004 ESTIMATED TAX PAYMENTS: 102

REFUND: 49

**760PY** 

### STAPLE HERE

Virginia Part-Year Resident Income Tax Return 2004

	Due May	2, 2	Your First Name MI Last Name	Suffix	Your Soc	ial Se	curity Number
	Check Applic Boxes:	able	TEST T HUNTER	•	∨ <b>B</b> <sub>4000</sub>		
	□ Amended F	Returr	Spouse's First Name MI Last Name	Suffix	V A Spouse's	Soci	al Security Number
	Check if R	esult		•			
	of NOL  ☐ Fixed Date	L	Present Home Address (Number and Street, or Rural Route)		F	or O	fice Use
	Conformity		1234 LUKE THOMAS BLVD				
	Modification		City, Town, or Post Office, and State ZIP Code ar OUTINTON AL 3513		0060	)1	
	Qualifying I Fisherman		er, QUINTON 3312	50	Lasalita Osala fasa		
	Merchant S		Name of Virginia City or County Where You Were A Resident on Jan. 1, 2005 IMPORTANT  HENRICO h City or	r kyr County	Locality Code from	ınsti	uctions
	Overseas of Date	on Du	e ITENICECO TO GIV OF	X County	v 087		
	Date	es of	Residence in Virginia: You - From 01012004 To 06012004 Spouse -	From		To	
			month/day/year month/day/year		nth/day/year		month/day/year
			FILING STATUS (CHECK ONLY ONE) EXEMPTIONS (Enter Number)	)			MPTION AMOUNT
	STEP 1		If both husband and wife had income, using Filing Status 4 may result in less tax than Filing Status 2 (see instructions). You 65 or over Blind Dependent	Total		En	er on Line 12 below.
	U Check your		Single (Claiming federal Head of Household? YES   ) 1 + 1 + + +		X \$800 =		1600 <b>00</b>
	Filing	2					
	Status		(Even if only one had income) 2 +  + +	=	X \$800 =		00
	Enter your	3		1 _ [	X \$800 =		00
	Exemptions		(Enter spouse's SSN above)       1       +       +       +       +       -         Spouse's full name	] = [	_ x 2000 =		00
Г		4		] = [	X \$800 =		00B
		•	on this Combined Return Column A: Spouse 1 + + +	= -	X \$800 =		00 A
				·	Enter whole	dolla	•
e.		5	Dependent on Another's Return (See the instructions for Line 11.)	A Use	Spouse		B Yourself For use by all
% P		5	Dependent on Another's Return (See the instructions for Line 11.)		e only when Filing atus 4 is checked.		For use by all other filers.
and 1099-R here		6	ADJUSTED GROSS INCOME (Total of Line 32, Col. A1 and B1, Part I, on Page 2) 6		00	V	15325 <b>00</b>
9	STEP 2	7	Additions from Line 36, Part II, on Page 2		00	v [	00
and	Do you need	8	Subtotal (Add Line 6 and Line 7)		00	L	15325 <b>00</b>
g	to file? See Line 10		Subtractions from Line 45, Part III, on Page 2		00	<b>V</b>	9992 <b>00</b>
⋛	Instructions.→		VIRGINIA ADJUSTED GROSS INCOME (Subtract Line 9 from Line 8) 10		00		5333 <b>00</b>
Staple Forms W-2, W-2G	STEP 3		(a) Standard Deduction from Line 46(e), Part IV, on Page 2		00	<b>~</b>	2022 00
2	Compute		(b) Itemized Deductions from Line 47(c), Part V, on Page 2  OR 11(b)		00	<u> </u>	00
J.L	Your Virginia		Prorated <b>Exemption Amount</b> (See instruction to prorate using the Ratio Schedule)12 Virginia Child and Dependent Care Expenses Deduction (See instructions) 13		00	<u>\</u>	666 00 00
e T	Taxable		Virginia Child and Dependent Care Expenses Deduction (See instructions) 13 Subtotal (Add Lines 11(a) or 11(b), 12 and 13) 14		00	٧	2688 00
ab	Income		Virginia Taxable Income (Subtract Line 14 from Line 10)		00	-	2645 00
ઝ	STEP 4		Income Tax: From Tax Table or Tax Rate Schedule		00	-	53 00
	Compute Your Tax	-	TOTAL TAX (Add column A and column B, Line 16)				53 <b>00</b>
			Payments: (a) Your Virginia Income Tax Withheld (Attach Forms W-2, W-2G and 1099-R			$\vee$	00
<u></u>	STEP 5		(b) Spouse's Virginia Income Tax Withheld (Attach Forms W-2, W-2G and 10	•	, ,	-	00
	Compute		(c) Combined 2004 Estimated Tax Payments (Include credit from 2003)	······	(c)	V	102 00
	Your Payments		(d) Extension Payment - Form 760E		` ,		00
	and Credits		Credits: (e) Tax Credit for Low-Income Individuals from Schedule NPY, Part II, Line 11		(e)	v [	00
	Credits		(f) Credit for Tax Paid to Another State from Schedule NPY		(f)	<b>V</b>	00
			(g) Credits from attached Schedule CR. If claiming Political Contribution Credi	t only,	□ ( <u>-</u> )		20
Τ.			also check box. (See instructions)(h) Check box if reporting Coalfield Employment Enhancement Tax Credit ea			<b>~</b>	00
ere		19	TOTAL PAYMENTS AND CREDITS [Add Lines 18(a) through (g)]				102 00
er h			If Line 17 is larger than Line 19, enter the difference. This is the <b>INCOME TAX YOU OW</b>			V	00
ğ	STEP 6	21	If Line 19 is larger than Line 17, enter the difference. This is the <b>OVERPAYMENT AMO</b>	UNT	21	V	49 00
ey	Compute	22	Addition to tax, penalty and interest from Schedule NPY, Part IV, Line 4		22	V	00
οľ	Amount	23	Amount of overpayment on Line 21 to be CREDITED TO 2005 ESTIMATED INCOME TAX. 23			v	00
or n	You Owe or	24	Contributions and Consumer's Use Tax from Schedule NPY, Part V, Line 7		24	$\sqrt{}$	00
Š	Your		Add Line 22, Line 23 (Columns A and B) and Line 24			f	00
she	Refund	26	If you owe tax on Line 20, add Lines 20 and 25 - OR - If Line 21 is an overpayment and	l Line 25 i	S	ļ	
ole			larger than Line 21, enter the difference. This is the AMOUNT YOU OWE. Attach payme	nt	<u>26</u>	<b>v</b>	00
Staple check or money order here.		27	Check here if credit card paymer If Line 21 is larger than Line 25, subtract Line 25 from Line 21. This is the amount to be I	ent has be	en made L		49 00
3,	Sign Your _		For Local Use For Office Use	KLIONDE	Coding	V	00
	Return on Page 2601039 Rev. 8		LTD LIFE FOR CHICKE USE		V		

### -ALL FILERS MUST COMPLETE THIS SCHEDULE-

400007005

E	NTER SPOUSE'S IN	COME WHEN FILIN	G STATUS 4 IS USED	FOR USE BY ALL OTHER FILERS				
28 Income:	Column A1 Income on Federal Return	Column A2 Income While Virginia Resident	Column A3 Income While NOT Virginia Resident	Column B1 Income on Federal Return	Column B2 Income While Virginia Resident	Column B3 Income While NOT Virginia Resident		
(a) Wages, salaries, tips and other compensation 28(a)	00	00	00	15950 <b>00</b>	10950 00	5000 oc		
(b) Interest and dividends(b)	00	00	00	00	00	00		
(c) Pension and other income (attach explanation) (c)	00	00	00	00	00	00		
29 Gross income [Add Lines 28 (a), (b) and (c)]	00	00	00	15950 <b>00</b>	10950 <b>00</b>	5000 <b>o</b>		
30 Adjustments to income: moving expenses 30	00	00	00	00	00	00		
31 Other income adjustments (Attach explanation) 31	00	00	00	625 00	625 <b>00</b>	00		
32 Adjusted gross income (Line 29 less Lines 30 and 31)* 32	00	00	00	15325 <b>00</b>	10325 00	5000 <b>o</b>		
(a) Net fixed date conformity modifications (a)	00	00	00	00	00	00		
(b) Fixed date conformity FAGI [Add Lines 32 and 32(a)](b)	00	00	00	15325 00	10325 00	5000 🚾		

Enter the amount on Line 32, Coi. At on page 1, Line 6 Coi. A. Enter the amount on Line 32, Coi. B) on page 1,	Line 6, Col. B.			
PART II - ADDITIONS TO FEDERAL ADJUSTED GROSS INCOME	A Spouse -USE ONLY when Filing Status 4 is checked		B Yourself For use by a other filers	
33 Special fixed date conformity addition		V		00
34 Interest earned while a Virginia resident on obligations of other states exempt from federal tax	00	,		00
35 Other additions to federal adjusted gross income as provided in instructions - Attach explanation	00			00
36 TOTAL ADDITIONS (Add Lines 33 through 35) Enter here and on Line 7 on Page 1	00	,		00
PART III - SUBTRACTIONS FROM FEDERAL ADJUSTED GROSS INCOME  37 Special fixed date conformity subtraction	00	<		00
38 Age deduction from Sch. NPY, Part I, Line 4	00	V	4992	00
39 State income tax refund or overpayment credit reported as income on your federal return and received while a Virginia resident. (Claim in the same column you reported the income on Line 6.)	00	<b>v</b>		00
40 Income attributable to your period of residence outside Virginia from Part I, columns A3 and B3, Line 32(b) 40	00		5000	00
41 Income (interest, dividends or gains) received while a Virginia resident on obligations or securities of the U.S. exempt from state income tax, but not from federal tax	00	<b>v</b>		00
42 Social Security and equivalent Tier 1 Railroad Retirement Act benefits reported as taxable income on your federal return and attributable to your period of residence in Virginia	00	<b>v</b>		00
43 Disability income received while a Virginia resident and reported as wages (or payment in lieu of wages) on account of permanent and total disability  You cannot claim an Age Deduction on Line 38 and the disability subtraction. See instructions.  43	00	<b>v</b>		00
44 Other subtractions - refer to the instruction book for Other Subtraction Codes  (a) Enter 2 digit code in box	oo	V		00
(b) Enter 2 digit code in box	00	V		00
(c) Enter 2 digit code in box	00	V	Į	00
45 TOTAL SUBTRACTIONS - (Add Lines 37 through 44c). Enter here and on Line 9 on Page 1	00		9992	00
PART IV - STANDARD DEDUCTION (The standard deduction must be claimed unless itemized deductions were claimed on your federal 46 (a) Fixed date conformity Federal ADJUSTED GROSS INCOME (total of Line 32(b), columns A1 + B1 from Part			15325	00
(b) Fixed date conformity income attributable to Virginia residence (total of Line 32(b), columns A2 + B2 from Par	rt I above)(b)		10325	00
(c) Percentage of full standard deduction allowable [amount shown on Line 46(b) divided by amount shown on Lin 46(a)]. Enter to only one decimal place (Ex.: 12.2%)			67.4%	
(d) Filing Status 1: Enter \$3,000; Filing Status 2 or 4: Enter \$5,000; Filing Status 3: Enter \$2,500	(d)		3000	00
(e) Multiply Line 46(c) by 46(d). Enter here and on Line 11 (a) on front. If using Filing Status 4, you may allocate this amount between husband and wife, as mutually agreed	(e)		2022	00
PART V - ITEMIZED DEDUCTIONS (If you itemized deductions on your federal return, YOU MUST claim itemized deduct		n.)		
47 (a) Itemized deductions from Schedule A Worksheet paid while a Virginia resident	` '		<del> </del>	00
(b) State and local income taxes claimed on Schedule A and included on Line 47(a)			1	00
(c) Allowable Virginia itemized deductions: Subtract Line 47(b) from Line 47(a). Enter here and on Line 11 (b) on Page If using Filing Status 4, you may allocate this amount between husband and wife, as mutually agreed				00

I (We) authorize the Department of Taxation to discuss this return with my (our) preparer. h

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return. We agree that filling separately on this combined return makes us jointly and severally liable for the amount of tax shown to be due on this return and any refunds will be made payable to us jointly

refullus will	be made payable to ds jointly.				_	
	Your Signature	Date	h Check if	Your Business Phone Number	Home Phone Number	
Please Sign Here	x		deceased.	v 205 5551020	×804) 28203	308
	Spouse's Signature (If Filing Status 2 or 4, <b>both</b> must sign.)  Date		h Check if	Spouse's Business Phone Number		
	x		deceased.	v ( )		
	Preparer's Signature	Date		Preparer's Phone Number	Preparer's FEIN/PTIN	J/SSN
Preparer's	x			(804) 2666562	P2345678	39
Use Only	Firm's Name (or Yours If Self-Employed) and Address					Filing Election
						v 7

### Schedule NPY

### **Schedule of Adjustments For** Nonresident or Part-Year Resident

00

Page 1

		Attach this Sche	edule to your Fori	m /	bUP	Y Or	<u>rorn</u>	1/63			
Name	(s) As Shown On Virginia	a Return		В	Your S	4C	00007	7005			
T	TEST T HUNT	ΓER		Α	Spous	e's SSN					
Par	t I - Form 760	PY ONLY - Age Deduction	(Read instructions before o	compl	eting	- chang	es for 2	2004.)			
		Federal Adjusted Gross Income  n Work Sheet, Line 8, if applicable.									
F	For Filing Status 3,	enter spouse's birth date			Α	SP	OUSE		В	YOU	
1	. Enter birthdate (	For Filing Statuses 2 and 4 both bir	th dates are required even			Month -	- Day - Y	ear		Month - Day - Yea 3161939	ır
		ies for an age deduction.)		1.				1			I
2	2. Enter Age Dedu	ction (See instructions.)		. 2.				00		12000	00
3	3. Enter the Ratio	Schedule amount for the date you m	noved into or out of Virginia	3.						• 42	r -
4		<b>Deduction</b> - Multiply Line 2 by Line		4.				00		4992	00
	Filing Status 2 - 1 Filing Status 4 - 1	3 - Transfer amount from Line 4, Col. ransfer the total of Line 4, Col. A & B t ransfer amounts from Line 4 to Line 3	to Line 38, Col. B, Form 760P 8, Col. A & B, Form 760PY.		dis	ability i	ncome	subtrac	tion or	leduction and Form 760PY, nefits you the	Part
X X X	See instructions to Please list below the If more room is need	tion for Tax Credit for Low to compute. e name, Social Security Number (SSN eded, attach a schedule with the name this Part may result in credit being re-	N) and Guideline Income for yo , SSN and Guideline Income f	ou, you for eac	h add	itional de	epender	nt.			
	Family VAGI	Nar	me		5		ecurity (SSN)	Number		Guideline Incor	ne
	1. Yourself										00
	2. Spouse										00
	3. Dependent										00
Ĺ	4. Dependent										00
L	5. Dependent										00
L	6. Dependent										00
	-	ideline Income (Be sure to include in				•	,		7.		00
	family Guideline  If eligible, enter	umber of exemptions listed above a Income from Line 7 and the poverty the number of personal exemptions otion.)	y guidelines in the instruction from Form 760PY or 763. (I	ns, de Do no	termir t inclu	ne your ide age	eligibility or	<b>/</b>	8. 9.		
1	0. Multiply Line 9 b	y \$300						· · · 1	0.		00
1	above. Enter the	nount of tax on Line 17, Form 760P' e lower amount here. This is your Ta Line 19(e), Form 763	x Credit for Low Income Indi	ividual	s. En	ter on Li	ne 18(e	,,	1.		00
Par	t III - Credit fo	r Tax Paid to Another State	<del></del>								
Х	Attach copy of the	hat state's return.			-		Spouse nn for 76 us 4 filers	OPY Filing	)	You	
1.	. Enter qualifying ta	axable income base for other state's ta	xes. (See instructions.)		1.			00			00
2	. Virginia Taxable I	ncome - Enter amount from Line 15, F	form 760PY, or Line 17, Form	763.	2.			00			00
3	. Enter qualifying to	ax paid to other state. (See instruction	s.) Name of state:		3.			00			00
4	I. Virginia Income T	ax - Enter amount from Form 760PY, I	Line 16, or from Form 763, Lir	ne 18	4.			00			00
5	divide Line 2 by l	ge - If fi ling Form 760PY, divide Line 1 Line 1. Compute to 1 decimal place no	ot to exceed 100%. (For ex.,		5.				%		9
6	,	s, multiply Line 4 by Line 5. Form 763			6.			00			00
	. Credit - Form 760	OPY filers, enter the lesser of Lines 3	or 6. Form 763 filers, enter the	е				00			00
	lesser of Lines 4 of	or 6			7.			i UU	1		UU

necessary to ensure sum does not exceed.

8. Total - Add Line 7, Col. A and Col. B. Also enter on Line 18(f), Form 760PY or Line 19(f), Form 763. Note: The sum of Line11, Part II, and Line 8, Part III, cannot exceed your tax liability. Lower Line 8, Part III, if

Name(s) A	As Shown on Virginia Return	Social Security Number	
. ,	T T HUNTER	400007005	
Part I	V - Addition to Tax , Penalty and Interest		
x Se	ee instructions.	·	
1.	Addition to Tax - Enter amount from Form 760C or Form 760F, whichever is applicable	1.	00
2.	Penalty - See instructions. If owed, check one and enter amount: j Late Filing Penalty or j Extension Penalty	2.	00
3.	Interest - Compute on amount from Form 760PY, Line 20, or Form 763, Line 21. See Instructions	3.	00
4.	<b>Total</b> - Add Lines 1, 2 and 3. Enter here and on Line 22, Form 760PY, or Line 23, Form 763	4.	00
Par	t V - Contributions and Consumer's Use Tax (See instructions.)	Code	Amount
1.	<b>Voluntary Contributions From Overpaid Taxes</b> Enter the code for the organization and the contribution amount(s) in boxes 1a through 1h.	a	00 ∨
	If you are donating to more than 8 qualifying organizations, enter the code "00" in the first box and the total amount of all donations. Attach a separate page indicating the	b	00 ∨
	amount you wish to contribute to each organization. See Instructions for contribution	с.	00 ∨
	1	d	00 ∨
	1	e	00 ∨
		1f.	00 ∨
	1	g.	00 ∨
	1	h.	00 ∨
2.	Total Voluntary Contributions - Add Lines 1a -1h This subtotal may not exceed the amount on Form 760PY, Line 21 minus the total of Lines 22 an Form 763, Line 22 minus the total of Lines 23 and 24		00
3.	Other Voluntary Contributions Enter the code of the organization and the countribution amount(s) in boxes 3a through 3e.	a	00 ∨
	If you are donating to more than 5 organizations, enter the code "00" in the first box and enter the total amount of all donations. Attach a separate page indicating the	b.	00 ∨
	amount you wish to contribute to each argenization. Can Instructions for contribution	с.	00 ∨
	3	d.	00 ∨
	3	e.	00 ∨
4.	Public School Foundations Enter the code of the foundation and the countribution amount in boxes 4a through 4c.		00 ∨
	If you want to donate to more than 4 school foundations, enter "999999" and the total amount donated to school		00 ∨
	foundations on 4a, and attach a schedule showing the amount donated to each foundation. See Instructions for foundations codes.		00 ∨
5.	Total Contributions - Add Line 2, Lines 3 a-e, and Lines 4 a-c	5.	00
6.	Consumer's Use Tax	6.	00 ∨
7.	<b>Total Contributions and Consumer's Use Tax -</b> Add Line 5 and Line 6 Enter this amount on Form 760PY, Line 24, or Form 763, Line 25	7.	00

Name(s) A	As Shown on Virginia Return	Social Security Number	
. ,	T T HUNTER	400007005	
Part I	V - Addition to Tax , Penalty and Interest		
x Se	ee instructions.	·	
1.	Addition to Tax - Enter amount from Form 760C or Form 760F, whichever is applicable	1.	00
2.	Penalty - See instructions. If owed, check one and enter amount: j Late Filing Penalty or j Extension Penalty	2.	00
3.	Interest - Compute on amount from Form 760PY, Line 20, or Form 763, Line 21. See Instructions	3.	00
4.	<b>Total</b> - Add Lines 1, 2 and 3. Enter here and on Line 22, Form 760PY, or Line 23, Form 763	4.	00
Par	t V - Contributions and Consumer's Use Tax (See instructions.)	Code	Amount
1.	<b>Voluntary Contributions From Overpaid Taxes</b> Enter the code for the organization and the contribution amount(s) in boxes 1a through 1h.	a	00 ∨
	If you are donating to more than 8 qualifying organizations, enter the code "00" in the first box and the total amount of all donations. Attach a separate page indicating the	b	00 ∨
	amount you wish to contribute to each organization. See Instructions for contribution	с.	00 ∨
	1	d	00 ∨
	1	e	00 ∨
		1f.	00 ∨
	1	g.	00 ∨
	1	h.	00 ∨
2.	Total Voluntary Contributions - Add Lines 1a -1h This subtotal may not exceed the amount on Form 760PY, Line 21 minus the total of Lines 22 an Form 763, Line 22 minus the total of Lines 23 and 24		00
3.	Other Voluntary Contributions Enter the code of the organization and the countribution amount(s) in boxes 3a through 3e.	a	00 ∨
	If you are donating to more than 5 organizations, enter the code "00" in the first box and enter the total amount of all donations. Attach a separate page indicating the	b.	00 ∨
	amount you wish to contribute to each argenization. Can Instructions for contribution	с.	00 ∨
	3	d.	00 ∨
	3	e.	00 ∨
4.	Public School Foundations Enter the code of the foundation and the countribution amount in boxes 4a through 4c.		00 ∨
	If you want to donate to more than 4 school foundations, enter "999999" and the total amount donated to school		00 ∨
	foundations on 4a, and attach a schedule showing the amount donated to each foundation. See Instructions for foundations codes.		00 ∨
5.	Total Contributions - Add Line 2, Lines 3 a-e, and Lines 4 a-c	5.	00
6.	Consumer's Use Tax	6.	00 ∨
7.	<b>Total Contributions and Consumer's Use Tax -</b> Add Line 5 and Line 6 Enter this amount on Form 760PY, Line 24, or Form 763, Line 25	7.	00

VIRGINIA TEST #7/IRS TEST # 20

FORMS REQUIRED: FORM 760CG, SCHEDULE ADJ/CG, SCHEDULE FED

INFORMATION RETURNS ATTACHED: FORM W-2 (2) BOX 15, VA

OTHER SUBTRACTIONS: UNEMPLOYMENT COMPENSATION BENEFITS, 2670

OTHER: PAID BY CREDIT CARD

LOCALITY CODE: 760

PREPARER: SSN: 249-38-2525

FILING ELECTION, 7 (ELECTRONICALLY FILED)
DEPARTMENT CAN DISCUSS RETURN WITH PREPARER

TAXPAYER: NAME: TEST R DE LA HALO SSN: 400-00-7006

DOB: 04-10-1975 OCCUPATION: TREE TRIMMER

DISABLED: NO BLIND: NO

DAYTIME PHONE: NOT GIVEN

SPOUSE: NAME: RUBY D MONDAY SSN: 400-00-7014

DOB: 03-20-1977 OCCUPATION: ANIMAL TRAINER

DISABLED: NO BLIND: NO

ADDRESS: 7 HEAVENS LN

BETHLEHEM, KY 40007

FILING STATUS: MARRIED FILING JOINTLY

DEPENDENT INFORMATION:

NAME	AGE	SSN	RELATIONSHIP
ANGELA DE LA HALO	6	400-00-7015	DAUGHTER
GABRIEL DE LA HALO	9	400-00-7016	SON
MICHAEL MONDAY	10	400-00-7017	SON
LUCKY MONDAY	11	400-00-7018	DAUGHTER
ARCHIBALD DE LA HALO	12	400-00-7019	SON
DAVID SAINT	60	400-00-7020	PARENT
MARY SAINT	58	400-00-7021	PARENT

FORM 760CG:

FEDERAL ADJUSTED GROSS INCOME: 95,860

OTHER SUBTRACTIONS: 2670

VIRGINIA ADJUSTED GROSS INCOME: 93,190

VIRGINIA TAXABLE INCOME: 78,172

SPOUSE TAX ADJUSTMENT: 204 SPOUSE WITHHOLDING: 1273

2004 ESTIMATED PAYMENTS: 2400

OTHER CREDITS: POLITICAL CONTRIBUTION CREDIT, 50

TAX YOU OWE: 310

# VA760CG -Tax Year 2004 Individual Income Tax Return

### \*VA0760104999\*

R DE LA HALO D MONDAY TEST RUBY

7 HEAVENS LN

BETHLEHEM	KY 40007 Headof	Name or Filing Change:	Accelerated Refund:	$\neg$
Filing Status: 2	Household:	Address		NOL:
Exemptions 65 and over	Blind Dependents	Change: <sup>Total</sup> Virginia Return	Amended:	
Yourself 1	07	Not Filed Last Year: 09	Locality:	760
Spouse 1	-		DELA •	400007006
Vendor ID: ●		Spouse's SSN N	1OND •	40000 <mark>7014</mark>
1. Fed Adj Gross Income	• 95860.	. 16a. Your VAGI	•	10803.
2. Additions, see pg 2, line 3	•	16b. Spouse's VAGI	•	82387.
3. Subtotal	95860.	. 17. Net Tax		4033
4a. Age Deduction - You	•	18a. Your Withholding	•	
4b. Age Deduction - Spouse	•	18b. Spouse's Withhold	ing •	1273.
5. Soc Sec & Tier 1 Railroad	•	19. Estimated Paymer	ets •	2400.
6. State Inc Tax Overpayment	•	20. Extension Paymen	ts •	
7. Other Subtractions, see pg 2, line 7	• 2670.	21. Credit for Low Inc	ome •	
8. Subtotal Subtractions	• 2670.	. 22. Credit tax paid ano	ther state •	
9. Total VAGI	93190.	23. Other Credits	х •	50.
10a. Federal Sch. A Itemized Deductions	11491.	24. Total Payments / Credits		3723.
10b. State/Local Income Tax	• 3673.	25. Tax you Owe	•	310.
10. Deductions	• 7818.	26. Overpayment Amo	ount •	
11. Exemptions	7200.	27. Amount to Credit to Next Yea	r's Tax ●	
12. Child/Dependent Care	•	28. Adjustments/Conf		
13. Subtotal	15018.	Amount You Owe Paid by Credit Ca (Enter X)		310.
14. VA Taxable Income	78172.	Refund:	*	
15. Tax Amt.	4237.		•	
16. Spouse Tax Adjustment	• 204.	Bank Account Number	•	
_LARDLARLTD \$		Office Use:		

**VA760CG** Page 2 - Year 2004 R DE LA HALO TEST 400007006 ADDITIONAL FILING INFORMATION Farming/Fishing, Coalfield Merchant Seaman: Enhancement Fixed Date **Taxpaver** Deceased: Conformity: Dependenton Overseas another's return: when due: Preparer Info 249382525 Phone You Spouse Additions - SCH ADJ/CG - Part 1 Interest on obligations of other state Other Additions: a. Fixed Date Conformity b. C. TotalAdditions: **Subtractions** Income from obligations or securities of the U.S. Disability Income reported as wages

### **SUMMARY OF ADJUSTMENTS**(from SCH ADJ/CG Part 2)

Total Additions, Penalty and Interest

\*VA0760203999

Addition from 760C OR 760F

Consumer's Use Tax

- **Total Voluntary Contributions** 
  - Spouse's Name Filing Status 3 Only

- Tax Credit for Low Income Individuals 8. Exemption Information Social Security VAGI Number a. b. C. d. e. f. Total Family VAGI 9. Total Exemptions
- 10. Exemption total on this return
- 11. Line 10 multiplied by \$300
- 12. Credit (Lesser of Line 11 above or Page 1, Line 17)

AGE DEDUCTION DETAILS

You

Spouse

2670.

2670.

Χ

### PAID TAX PREPARER INFORMATION

249382525 Tax Preparer FEIN/PTIN/SSN

7 Filing Election

Preparer Phone Number

Preparer Signature \_

### Other:

c.

a. Fixed Date Conformity

37 b.

d.

**Total Subtractions:** 

Dept of Taxation can discuss my return with my preparer.

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Date \_ Your Signature \_\_\_

Spouse's Signature \_\_\_ Date\_\_

### 2004 Virginia Schedule ADJ/CG Part 2

b.

# \*VA0ADJ104999\*

TEST 400007006 R DE LA HALO Credit for Tax Paid to Another State 25. Other Voluntary Contributions Border State Rule a. h. 13a. Enter the filing status claimed on the other state's tax return. School Foundation Contributions 13b.Enter the number below to identify the person claiming the credit 1. You 2. Spouse 3. Joint d. 13. Qualifying taxable income on which the other state's tax is based 26. Total Adjustments 14. Virginia Taxable Income **Amended Returns** 15. Qualifying tax owed to the other 27. Amount paid with original state return, plus additional tax a. Name of state: paid after it was filed 16. Virginia Income Tax 28. Add line 27 from above and line 24 from Form 760, enter here 17. Income percentage 29. Overpayment, if any, as shown on original return 18. Virginia Income Tax multiplied or as previously adjusted by Income percentage 30. Subtract line 29 from line 28 19. Credit Allowed 31. Tax You Owe Adjustments to Amount of Tax 32. Tax You Overpaid 20. Addition to Tax a. Addition from Form 760C b. Addition from Form 760F **Credit for Political Contributions** From Part XXIII, of Schedule CR 21. Penalty 105. Enter 50% of the amount of eligible a. Late Filing Penalty political contributions 50. b. Extension Penalty 50. 106.Credit allowable this year 22. Interest If the Credit for Political Contributions is the ONLY credit claimed on Schedule CR, you are not required 23. Consumer's Use Tax to send the Schedule CR with your return. 24. Voluntary Contributions from overpaid taxes a.

### 2004 Virginia Schedule FED

TEST R DE LA HALO **RUBY** D MONDAY

7 HEAVENS LN

BETHLEHEM ΚY 40007 400002020 760

400007006

\*VA0FFD104999\*

### SCHEDULE C, SCHEDULE C-EZ and/or SCHEDULE F INFORMATION

C 1. Schedule Name First Schedule Info. Second Schedule Info.

1667. 2. Gross Receipts or Sales

3. Depreciation / expense deduction

812910 4. Business Activity Code

760 5. Business Locality Code

323. 6. Car and truck expenses

7. Inventory at end of year

8. Number of miles you used your 860 vehicle for: Business

9. Number of miles you used your 200 vehicle for: Commuting

10. Number of miles you used your 16700 vehicle for: Other

#### SCHEDULE 2106 and/or SCHEDULE 2106-EZ INFORMATION

11. Number of miles you used your

3000 vehicle for: Business

12. Number of miles you used your 520 vehicle for: Commuting

13. Number of miles you used your

480 vehicle for: Other

14. Percent of business use of

07500 vehicle: Vehicle 1

15. Percent of business use of

vehicle: Vehicle 2

**SCHEDULE 4562 INFORMATION** 

- 16. Property Used more than 50% in a qualified business use:
  - Type of property
- 17. Date placed in service
- 18. Business/investment use percentage
- 19. Cost or other basis
- 20. Depreciation deduction
- 21. Elected section 179 cost
- 22. Business Locality Code

VIRGINIA TEST # 8/IRS TEST # 25

FORMS REQUIRED: FORM 763, SCHEDULE NPY

OTHER: STATE OF RESIDENCE, GA
PAID BY CREDIT CARD

OTHER SUBTRACTIONS: PREPAID TUITION, 2000

OTHER VOLUNTARY CONTRIBUTIONS: FAMILY/CHILDREN'S TRUST FUND, 25

HOME ENERGY ASSISTANCE, 25

PUBLIC SCHOOL FOUNDATIONS: NEW KENT EDUCATIONAL FOUNDATION, 100

OTHER: INCOME (ALL SOURCES), 71,913 INCOME (VA SOURCES), 16,200

LOCALITY CODE: 760

PREPARER: PTIN: P32825271

PHONE: 804-786-3380

FILING ELECTION, 7 (ELECTRONICALLY FILED)
DEPARTMENT CAN DISCUSS RETURN WITH PREPARER

TAXPAYER: NAME: TEST O OLYMPICS SSN: 400-00-7007

DOB: 04-21-1939 OCCUPATION: SPECIALIST

DISABLED: NO BLIND: NO

DAYTIME PHONE: 404-555-1020

ADDRESS: 121 TORCH ST

ATLANTA, GA 30301

FILING STATUS: SINGLE

DEPENDENTS INFORMATION:

NAME AGE SSN RELATIONSHIP WENDY OLYMPICS 9 400-00-7022 DAUGHTER

FORM 763:

FEDERAL ADJUSTED GROSS INCOME: 71,913

OTHER SUBTRACTIONS: 2000

VIRGINIA ADJUSTED GROSS INCOME: 69,913

NONRESIDENT TAXABLE INCOME: 7868

2004 ESTIMATED PAYMENTS: 263

CONTRIBUTIONS FROM SCHEDULE NPY: 150

TAX YOU OWE: 150

**763** 

Staple Forms W-2, W-2G and 1099-R here.

Staple check or money order here.

# Virginia Nonresident Income Tax Return 2004 Due May 2, 2005

Check Appli Boxes:	cable	۱	Part-Year Resident: If you or your spouse moved into or out of Virginia in 2004, you m	ay have	e to use Fo	rm 7	60PY.	
☐ Amended	Retur	n -	Your First Name M Last Name S	uffix Y	our Social Sec	urity 1	Number	
Check if F of NOL	Result	t	TEST : O : OLYMPICS :	V	4000	07	007	
☐ Fixed Dat			Spouse's First Name M Last Name S	uffix S	pouse's Social	Secu	rity Number	
Conformit Modification			: :	V	/			
Overseas		ue	Present Home Address (Number and Street, or Rural Route)	St	tate of Resider	nce		
Date			121 TORCH ST		GA			
☐ Qualifying Fishermar		ier,	City, Town, or Post Office, and State ZIP Code	Lo	ocality Code fro	om In	structions	
Merchant	Seam	an	ATLANTA GA 30301	V	760			
☐ Name(s) a		nt	Important - Name of Virginia City or County in Which Principal Place of Business, Employment or Income Sou	rce is Loc				-
Than Show	vn on						ta City or h Co	unty
Virginia Re	etuiii		EXEMPTIONS (Enter Number)				XEMPTION AMOU	INIT
STEP 1		FILIN	NG STATUS (CHECK ONLY ONE)	Total			nter on Line 12 be	_
U Check			You 65 or over Blind Dependents		1		0.400	T
your		=	Single (Claiming federal Head of Household? YES h) 1 + 1 + 1 + 01 =	= 03	X \$800	=	2400	00
Filing Status	2		Married, Filing Joint Return  BOTH must have Virginia source income)  2 + + + + =		X \$800	=		00
Enter	3	`	Married, Spouse Has No Income From Any		, ,			$\pm$
your			Source (Enter spouse's SSN above) 2 +	=	X \$800	=		00
Exemp- tions		_ `	pouse's full name					
uons	4		Married, Filing Separate Return (Enter spouse's SSN above) 1 + + + + = =		X \$800	_		00
		`	spouse's full name		Α ψοσο	_		00
	5	Dan	endent on Another's Return (See the instructions for Line 11.)			1 -	Enter whole dollars or	nlv
			USTED GROSS INCOME from your federal return (not federal taxable income)				71913	<u> </u>
STEP 2			tions from Line 32, Part I, on page 2				71913	00
Do you need			total (Add Line 6 and Line 7)			-	71913	
to file? See Line 10			tractions from Line 40 , Part II, on page 2				2000	—
Instructions.  →			GINIA ADJUSTED GROSS INCOME (Subtract Line 9 from Line 8)			г	69913	
	_		dard Deduction from Line 41, Part III, OR Itemized Deductions from Line 44, Part IV on				32544	
STEP 3			er the <b>Exemption Amount</b> computed above on Line 1, 2, 3 or 4			-	2400	
Compute			nia Child and Dependent Care Expenses Deduction (See instructions.)			_	2400	00
Your		_	total (Add Lines 11, 12 and 13)			-	34944	00
Virginia Taxable	15	Taxa	able income computed as a resident (Subtract Line 14 from Line 10)		15	;		_
Income	16	Perc	entage from Line 59, Part V, on page 2 [Enter to one decimal place only. (Ex.: 5.4)	%)]	16	i V		
	17	NON	IRESIDENT TAXABLE INCOME (Multiply Line 15 by percentage on Line 16)		17	, [		00
	18	Incor	me Tax: From Tax Table or Tax Rate Schedule		18	}	263	00
STEP 4	19	Payn	ments: (a) Your Virginia income tax withheld (Attach Forms W-2, W-2G and 1099-R)		19(a)	V		00
Compute Your			(b) Spouse's Virginia income tax withheld (Attach Forms W-2, W-2G and 1099-	-R)	(b)	V		00
Tax,			(c) 2004 estimated tax payments (Include credit from 2003)		(c)	V	263	00
Payments and			(d) Extension payment - Form 760E		(d)	V		00
Credits		Cred			٠,	_		00
			(f) Credit for tax paid to another state from Schedule NPY, Part III, Line 8		(f	<b>'</b>		00
			(g) Credits from attached Schedule CR. If claiming Political Contribution Credit o also check box. (See instructions)		$\Box (a)$			00
			(h) Check box if reporting Coalfield Employment Enhancement Tax Credit earne					-
	20	TOT	AL PAYMENTS AND CREDITS [add Lines 19(a) through (g)]				263	00
STEP 5			ne 18 is larger than Line 20, enter the difference. This is the <b>INCOME TAX YOU OWE.</b>					00
Compute			ne 20 is larger than Line 18, enter the difference. This is the <b>OVERPAYMENT AMOUN</b>			-		00
Amount	23	Addit	ition to tax, penalty and interest from Schedule NPY, Part IV, Line 4		23	3 V		00
You Owe	24	Amo	ount of overpayment on Line 22 to be CREDITED TO 2005 ESTIMATED INCOME TAX		24	V		00
or Your	25	Cont	tributions from Schedule NPY, Part V, Line 7.		25	· v	150	00
Refund	26	Add	Line 23, Line 24 and Line 25		26	; -	150	00
	27	If you	u owe tax on Line 21, add Lines 21 and 26 - OR - If Line 22 is an overpayment and Lin	ne 26 is	3	. [	150	
Be Sure To		ıarge	er than Line 22, enter the difference. This is the <b>AMOUNT YOU OWE.</b> Attach payment		-		100	00
Sign Your	28	If Lin	Check here if credit card payment h ne 22 is larger than Line 26, subtract Line 26 from Line 22. This is the amount to be <b>REF</b> I					00
Return On Page 2		Local	I				Coding	11
VA. DEPT. OF T	AXATIO	ON 26	01044 REV. 8/04		1		-	

<b>FORM</b>	1763 (2004)	Name TEST	O OLYMPICS		SSN 4000	07007				F	age 2
PART I -	ADDITIONS TO FE		D GROSS INCOME								
			empt from federal incom	ne tax, but no	ot state tax			2	9		00
30 Oth	er additions to fede	eral adjusted gross	income as provided in	instructions	(Attach explana	ition)		3	0		00
31 Spe	ecial Fixed Date Co	nformity additions (	(See instructions)					3	1 🗸		00
32 TO	TAL ADDITIONS (A	dd Lines 29, 30 and	d 31). Enter here and or	Line 7 on pa	age 1			3	2		00
			ADJUSTED GROSS INC	OME (FAGI)							
-	Deduction: Read		•								
Ent	er the Adjusted Fed	leral Adjusted Gros	ss Income from Age Dec	duction Work	Sheet, Line 8, i	if applicable	e			-	
	Filing Status 3, ent	•			A - Spouse		I. B - You				
			and 4 both birth dates a		Day - Year		- Day - Ye	ear			
	required even it on	ly one qualifies for	an age deduction.) (	a) <u> </u>	-	-	-				
(b)	Enter Age Deduction	on (See instructions	s.)(	(b)	00 \	/		00 ∨			
(c)	Add amounts on lin	e 33(b) above and	enter the total on this li	ne				3:	3 v [		00
. ,		` '	credit reported as incor								00
			U.S. exempt from state	-							00
	•		d Retirement Act benefits						-	-	00
			payments in lieu of wag	•		ouse			-		
peri	manent and total dis	sability		•	□ Yo	ou		3	7 v		00
		_	on Line 33 and the di	sability sub	traction. See	instructio	ons.		_		
38 Spe	cial Fixed Date Co	nformity subtraction	ns (See instructions)					3	8 🗸		00
39 Oth	er Subtractions - re		on book for Other Subtra		3		3 <sup>1</sup> 3			200	0
			39a Enter 2 digit code				33	V 39	<b>—</b>		0 00
			39b Enter 2 digit code					V 39	·  -		00
40	TAL OUDTD 4 OTIO		39c Enter 2 digit code		_	<u> </u>		∨ 39	-		00
			hru 39c). Enter here and						U	200	00
41 Filir	- <b>STANDARD DED</b> 0	00: 2 = \$5,000: 3 (	used unless itemized de or 4 = \$2,500; Enter her	eductions are	e being claimed e 11 on the pag	on your te	derai retu	ırn) 4	1		00
			mized deductions on yo						<u> </u>		
		, ,						,	2	3404	4 00
			hedule A (See instructions						<u> </u>		0 00
			NS (Subtract Line 43 from	•			,		-	3254	
			ENTAGE SCHEDULE (				COLUMN		-	COLUMN	
	er losses or negativ				31.0)		All Sour			Virginia Sou	
<i>4</i> 5 Wa	ages, salaries, tips,	etc				. 45			00		00
46 Inte	erest income					46	2 (				
47 Div						. +0	۷.	2482	00		00
	ridends							2482 5166			00
48 Alir						. 47			00		
	mony received					. 47			00		00
49 Bus	mony received siness income or lo					. 47 . 48 . 49	16		00 00 00	1620	00 00 00
49 Bus 50 Cap	mony received siness income or lo pital gain or loss/ca	oss pital gain distributio				. 47 . 48 . 49 . 50	16	5166	00 00 00	1620	00 00 00
<ul><li>49 Bus</li><li>50 Cap</li><li>51 Oth</li></ul>	mony received siness income or lo pital gain or loss/cal ner gains or losses	oss	ons			. 47 . 48 . 49 . 50 . 51	16	5166	00 00 00	1620	00 00 00 0 0
<ul><li>49 Bus</li><li>50 Cap</li><li>51 Oth</li><li>52 Tax</li></ul>	mony received siness income or lo pital gain or loss/cal ner gains or losses xable pensions, ann	pital gain distributio	ons			. 47 . 48 . 49 . 50 . 51 . 52	16	5166	00 00 00 00	1620	00 00 00 0 0
<ul><li>49 Bus</li><li>50 Cap</li><li>51 Oth</li><li>52 Tax</li><li>53 Res</li></ul>	mony received siness income or lo pital gain or loss/cal ner gains or losses xable pensions, ann nts, royalties, partn	pital gain distributio	ons	tc.		. 47	16	5166	00 00 00 00 00	1620	00 00 00 0 00 00
<ul><li>49 Bus</li><li>50 Cap</li><li>51 Oth</li><li>52 Tax</li><li>53 Re</li><li>54 Far</li></ul>	mony received siness income or lo pital gain or loss/cal ner gains or losses xable pensions, ann nts, royalties, partnrm income or loss .	pital gain distributio pital gain distributio nuities and IRA distr perships, estates, to	onsributionsrusts, S corporations, e	tc		. 47 . 48 49 50 51 52 53 54	16	5166	00 00 00 00 00 00	1620	00 00 00 0 00 00 00
<ul> <li>49 Bus</li> <li>50 Ca</li> <li>51 Oth</li> <li>52 Ta</li> <li>53 Re</li> <li>54 Far</li> <li>55 Oth</li> </ul>	mony received siness income or lo pital gain or loss/cal ner gains or losses xable pensions, ann nts, royalties, partnrm income or loss . ner income	pital gain distributio uities and IRA distr nerships, estates, tr	ons ributions rusts, S corporations, e	tc		. 47 . 48 49 50 51 52 53 54 55	16	5166	00 00 00 00 00 00 00	1620	00 00 00 00 00 00 00
<ul> <li>49 Bus</li> <li>50 Cap</li> <li>51 Oth</li> <li>52 Tax</li> <li>53 Re</li> <li>54 Far</li> <li>55 Oth</li> <li>56 Interest</li> </ul>	mony received siness income or lo pital gain or loss/caper gains or losses xable pensions, ann nts, royalties, partnerm income or loss . her income erest on obligations	pital gain distributio nuities and IRA distr nerships, estates, tr	ributionsrusts, S corporations, e	tc.		. 47 . 48 49 50 51 52 53 54 55 56	16	5166	00 00 00 00 00 00 00	1620	00 00 00 00 00 00 00 00
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### **Schedule NPY**

# **Schedule of Adjustments For Nonresident or Part-Year Resident**

2004

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this Schedule to your Form 760PY or Form 763

2. Enter the Ratio Schedule amount for the date you moved into or out of Virginia 3.  4. Qualifying Age Deduction - Multiply Line 2 by Line 3 and enter here			Attach this Scho	edule to your Forn	า 76	OPY o	<u>r Forn</u>	n 763			
Part I - Form 760PY ONLY - Age Deduction (Read instructions before completing - changes for 2004.)  First the Adjusted Federal Adjusted Gross Income from Age Deduction (Work Sheet, Line 8, ff applicable.  For Filing Status 3, enter spouse's birth date.  1. Enter birthdate (For Filing Status as 2 and 4 both birth dates are required even if only one qualifies for an age deduction.)  2. Enter Age Deduction (See instructions.)  3. Enter the Ratio Schedule amount for the date you moved into or out of Virginia 3.  4. Qualifying Age Deduction. Multiply Line 2 by Line 3 and enter here.  Filing Status 2 - Transfer the total of Line 4, Cel. A 8 B to Line 38, Cel. A Form 760PY.  Filing Status 2 - Transfer the total of Line 4, Cel. A 8 B to Line 38, Cel. A Form 760PY.  Filing Status 2 - Transfer the total of Line 4, Cel. A 8 B to Line 38, Cel. A 5 Form 760PY.  Filing Status 2 - Transfer the total full and 4 to Line 38, Cel. A 8 B. Form 760PY.  Filing Status 2 - Transfer the total of Line 4, Cel. A 8 B to Line 38, Cel. A 8 B. Form 760PY.  Part II - Computation for Tax Credit for Low Income Individuals  See instructions to compute.  1 Please list below the name, Social Security Number (SSN) and Guideline income for each additional dependent.  1 Failable to complete the Fat may result in credit being reduced or disablemed.  1 Failable to complete the Fat may result in credit being reduced or disablemed.  1 Failable to complete the Fat may result in credit being reduced or disablemed.  1 Failable to complete the Fat may result in credit being reduced or disablemed.  1 Failable to complete the Fat may result in credit being reduced or disablemed.  1 Failable to complete the Fat may result in credit being reduced or disablemed.  1 Failable to complete the Fat may result in credit being reduced or disablemed.  1 Failable to complete the Fat may result in credit being reduced or disablemed.  1 Failable to complete the Fat may result in credit being reduced or disablemed.  1 Failable to complete the Fat may result in credit being r	Name	(s) As Shown On Virginia	В	our SSN 4	:00007	7007			_		
Enter the Adjusted Federal Adjusted Cross Income from Age Deduction Work Sheet, Line 8, if applicable.  For Filing Status 3, enter spouse's birth date		TEST O OLY	A <sup>s</sup>								
from Ago Beduction Work Sheet, Line 8, if applicable. For Filing Status 3, enter spouse's birth date.  1. Enter birthdate (For Filing Statuses 2 and 4 both birth dates are required even if only one qualifies for an age deduction).  2. Enter Age Deduction (See instructions.)  3. Enter the Ratio Schedule amount for the date you moved into or out of Viriginia  4. Qualifying Age Deduction - Multiply Line 2 by Line 3 and enter here.  4. Filing Status 4 to 3 - Traveler amount from Line 4, Col. B, to Line 38, Col. B, Form 760PY.  Filing Status 4 - Traveler amount from Line 4 to Line 38, Col. B, Form 760PY.  Filing Status 4 - Traveler amounts from Line 4 to Line 38, Col. B, Form 760PY.  Filing Status 4 - Traveler amounts from Line 4 to Line 38, Col. B, Form 760PY.  Filing Status 4 - Traveler amounts from Line 4 to Line 38, Col. B, Form 760PY.  Filing Status 4 - Traveler amounts from Line 4 to Line 38, Col. B, Form 760PY.  Filing Status 4 - Traveler amounts from Line 4 to Line 38, Col. B, Form 760PY.  Filing Status 4 - Traveler amounts from Line 4 to Line 38, Col. B, Form 760PY.  Filing Status 4 - Traveler amounts from Line 4 to Line 38, Col. B, Form 760PY.  Filing Status 4 - Traveler amounts from Line 4 to Line 38, Col. B, Form 760PY.  Filing Status 4 - Traveler amounts from Line 4 to Line 38, Col. B, Form 760PY.  Filing Status 4 - Traveler amounts from Line 4 to Line 38, Col. B, Form 760PY.  Filing Status 4 - Traveler amounts from Line 4 to Line 38, Col. B, Form 760PY.  Filing Status 4 - Traveler amount from Line 4 to Line 38, Col. B, Form 760PY.  Filing Status 4 - Traveler amount from Line 4 to Line 38, Col. B, Form 760PY.  Filing Status 4 - Traveler amount from Line 7 and the power from Line 18, Form 763. Line 18, Line 48,	Par	t I - Form 760	PY ONLY - Age Deduction	(Read instructions before co	omple	ting - char	nges for 2	2004.)			
1. Enter birthdate (For Filing Statuses 2 and 4 both birth dates are required even if only one qualifies for an age deduction.)  2. Enter Age Deduction (See instructions.)  3. Enter the Ratio Schedule amount for the date you moved into or out of Virginia  4. Qualifying Age Deduction - Multiply Line 2 by Line 3 and enter here.  4. Filing Status 1 or 3 - Transfer amount from Line 4, Col. B. to Line 38, Col. B. Form 760PY.  Filing Status 2 - Transfer to total of Line 4, Col. A. B. to Line 38, Col. B. Form 760PY.  Filing Status 2 - Transfer amount from Line 4 to Line 38, Col. B. Form 760PY.  Filing Status 2 - Transfer amount from Line 4 to Line 38, Col. B. Form 760PY.  Filing Status 3 - Transfer amount from Line 4 to Line 38, Col. B. Form 760PY.  Filing Status 3 - Transfer amounts from Line 4 to Line 38, Col. B. Form 760PY.  Filing Status 4 - Transfer amounts from Line 4 to Line 38, Col. B. Form 760PY.  Filing Status 6 - Transfer amounts from Line 4 to Line 38, Col. B. Form 760PY.  Filing Status 6 - Transfer amounts from Line 4 to Line 38, Col. B. Form 760PY.  Filing Status 6 - Transfer amounts from Line 4 to Line 38, Col. B. Form 760PY.  Filing Status 6 - Transfer amounts from Line 4 to Line 38, Col. B. Form 760PY.  Filing Status 6 - Transfer amounts from Line 4 to Line 38, Col. B. Form 760PY.  Filing Status 6 - Transfer amounts from Line 4 to Line 38, Col. B. Form 760PY.  Filing Status 6 - Transfer amounts from Line 4 to Line 38, Col. B. Form 760PY.  Filing Status 6 - Transfer amount from Energy 6 to Line 38, Col. B. Form 760PY.  Filing Status 6 - Transfer amount from Line 6 to Line 38, Col. B. Form 760PY.  Filing Status 6 - Transfer amount from Line 6 to Line 38, Col. B. Form 760PY.  Filing Status 6 - Transfer amount from Line 7 and the powerty guideline income for you, your spouse, and each dependent.  Family VAGI  Family VAGI  Name  Social Security Number (SSN) 3 and Guideline income for you, your spouse, and each dependent.  Family VAGI  Family VAGI  Name  Social Security Number (SSN) 3 and Guideline income (											
1. Enter birthdate (For Filing Statuses 2 and 4 both birth dates are required even if only one qualifies for an age deduction.)  2. Enter Age Deduction (See Instructions.)  3. Enter the Ratio Schedule amount for the date you moved into or out of Virginia  4. Qualifying Age Deduction - Multiply Line 2 by Line 9 and enter here.  4. Filing Status 1 or 3 - Transfer amount from Line 4 c. Cot. B. Line 38, Cot. B. Form 760PY. Filing Status 1 or 3 - Transfer amount from Line 1 on Line 38, Cot. B. Form 760PY. Filing Status 4. Transfer amount from Line 1 on Line 38, Cot. B. Form 760PY. Filing Status 4. Transfer amount from Line 1 on Line 38, Cot. B. Form 760PY. Filing Status 4. Transfer amount from Line 1 on Line 38, Cot. B. Form 760PY. Filing Status 4. Transfer amount from Line 1 on Line 38, Cot. B. Form 760PY. Filing Status 4. Transfer amount from Line 1 on Line 38, Cot. B. Form 760PY. Filing Status 4. Transfer amount from Line 1 on Line 38, Cot. B. Form 760PY. Filing Status 4. Transfer amount from Line 1 on Line 38, Cot. B. Form 760PY. Filing Status 4. Transfer amount from Line 1 on Line 38, Cot. B. Form 760PY. Filing Status 4. Transfer amount from Line 1 on Line 38, Cot. B. Form 760PY. Filing Status 4. Transfer amount from Line 1 on Line 38, Cot. B. Form 760PY. Filing Status 4. Transfer amount from Line 1 on Line 38, Cot. B. Form 760PY. Filing Status 4. Transfer amount from Line 1 on Line 1 on Line 38, Cot. B. Form 760PY. Filing Status 4. Transfer amount from Line 1 on Line 1 o	F	or Filing Status 3,	enter spouse's birth date			A s	SPOUSE		В	YOU	
if only one qualifies for an age deduction		Establish late (	F F			Mont	h - Day - Y	/ear		Month - Day - Yea	ır
3. Enter the Ratio Schedule amount for the date you moved into or out of Virginia 3.  4. Qualifying Age Deduction - Multiply Line 2 by Line 3 and enter here	1				1.						
4. Qualifying Age Deduction - Multiply Line 2 by Line 3 and enter here	2	. Enter Age Dedu	ction (See instructions.)		2.			00			00
Filing Status 2 - Transfer amount from Line 4, Col. 8, to Line 38, Col. 8, Form 760PY.  Filing Status 2 - Transfer mount from Line 4 Col. 8, to Line 38, Col. 8, Form 760PY.  Filing Status 3 - Transfer amount from Line 4 Col. 8 to Line 38, Col. 8, Form 760PY.  Filing Status 3 - Transfer amount from Line 4 Col. 8 to Line 38, Col. 8, Form 760PY.  Filing Status 4 - Transfer amount from Line 4 Col. 8 to Line 38, Col. 8, Form 760PY.  Filing Status 4 - Transfer amount from Line 4 to Line 38, Col. 8, Form 760PY.  Filing Status 4 - Transfer amount from Line 1 Col. 8 to Line 38, Col. 8, Form 760PY.  Filing Status 4 - Transfer amount from Line 1 Col. 8 to Line 38, Col. 8, Form 760PY.  Filing Status 4 - Transfer amount from Line 1 Col. 8 to Line 38, Col. 8, Form 760PY.  Filing Status 4 - Transfer amount from Line 4 Col. 8 to Line 38, Col. 8, Form 760PY.  Filing Status 6 - Transfer the total of Line 4, Col. 8 to Line 38, Col. 8, Form 760PY.  Filing Status 6 - Transfer mount from Line 1 Col. 8 to Line 38, Col. 8, Form 760PY.  Filing Status 6 - Transfer mount from Line 1 Col. 8 to Line 38, Col. 8, Form 760PY.  Filing Status 7 - Transfer mount from Line 1 Col. 8 to Line 38, Col. 8, Form 760PY.  Filing Status 6 - Transfer mount from Line 1 Col. 8, Total Family Line 9 to Line 1 Col. 8, Col.	3	. Enter the Ratio	Schedule amount for the date you m	noved into or out of Virginia	3.						
Filing Status 2 - Transfer the total of Line 4, Col. A & B to Line 38, Col. A & B, Form 760PY. Filing Status 4 - Transfer amounts from Line 4 to Line 38, Col. A & B, Form 760PY.  Part II - Computation for Tax Credit for Low Income Individuals  1 See instructions to compute. 1 Please list below the name, Social Social Social Social Management of Programs of Program	4	. Qualifying Age	<b>Deduction</b> - Multiply Line 2 by Line	e 3 and enter here	4.			00			00
1. See instructions to compute. 1. Please list below the name, Social Security Number (SSN) and Guideline Income for you, your spouse, and each dependent. 1. If more room is needed, attach a schedule with the name, SSN and Guideline Income for each additional dependent. 1. Failure to complete this Part may result in credit being reduced or disallowed.    Family VAGI		Filing Status 2 - 1 Filing Status 4 - 1	ransfer the total of Line 4, Col. A & B t ransfer amounts from Line 4 to Line 3	to Line 38, Col. B, Form 760PY 8, Col. A & B, Form 760PY.		disability	, income	subtra	ction	on Form 760PY,	Part
Ramily VAGI	X X X	See instructions to Please list below the If more room is need	to compute. e name, Social Security Number (SSN eded, attach a schedule with the name	N) and Guideline Income for you , SSN and Guideline Income fo	ı, your r each	spouse, a additional	nd each d depender	lependen nt.	i.		
1. Yourself 2. Spouse 3. Dependent 4. Dependent 5. Dependent 6. Dependent 7. Total Family Guideline Income (Be sure to include information from attached schedule, if applicable.) 7. Total Family Guideline Income (Be sure to include information from attached schedule, if applicable.) 8. Enter the total number of exemptions listed above and on any attached schedule. Based on this total, the total family Guideline Income from Line 7 and the poverty guidelines in the instructions, determine your eligibility. 8. If eligible, enter the number of personal exemptions from Form 760PY or 763. (Do not include age or blindness exemption). 9. 10. Multiply Line 9 by \$300 10. 11. Compare the amount of tax on Line 17, Form 760PY, or on Line 18, Form 763, to the amount on Line 10 above. Enter the lower amount here. This is your Tax Credit for Low Income Individuals. Enter on Line 18(e), Form 760PY, or Ire 19(e), Form 763. 11.  Part III - Credit for Tax Paid to Another State I Attach copy of that state's return.  This column for 760PY Filling Status 4 filers only.  1. Enter qualifying taxable income base for other state's taxes. (See instructions.) 1. 2. Virginia Taxable Income - Enter amount from Line 15, Form 760PY, or Line 17, Form 763. 2. 000 00 00 00 00 00 00 00 00 00 00 00 00		Family VAGI	Nar	me		Social	,	Number		Guideline Incon	ne
3. Dependent 000 4. Dependent 000 5. Dependent 000 6. Dependent 000 7. Total Family Guideline Income (Be sure to include information from attached schedule, if applicable.) 7. 000 8. Enter the total number of exemptions listed above and on any attached schedule. Based on this total, the total family Guideline Income from Line 7 and the poverty guidelines in the instructions, determine your eligibility. 8. 9. If eligible, enter the number of personal exemptions from Form 760PY or 763. (Do not include age or blindness exemption.) 9. 10. Multiply Line 9 by \$300 100 11. Compare the amount of tax on Line 17, Form 760PY, or on Line 18, Form 763, to the amount on Line 10 above. Enter the lower amount here. This is your Tax Credit for Low Income Individuals. Enter on Line 18(e), Form 760PY, or Line 19(e), Form 763. 11.  Part III - Credit for Tax Paid to Another State  x Attach copy of that state's return. 1. 00 00  1. Enter qualifying taxable income base for other state's taxes. (See instructions.) 1. 00 00  2. Virginia Taxable Income - Enter amount from Line 15, Form 760PY, or Line 17, Form 763. 2. 00 00  3. Enter qualifying tax paid to other state. (See instructions.) Name of state: 3. 00 00  4. Virginia Income Tax - Enter amount from Form 760PY, Line 16, or from Form 763, Line 18 5. Income Percentage - If filing Form 760PY, divide Line 1 by Line 2. If filing Form 763, divide Line 2 by Line 1. Compute to 1 decimal place not to exceed 100%. (For ex., 31.6%). 5. 6. 00 00  6. Form 760PY filers, multiply Line 4 by Line 5. Form 763 filers, multiply Line 5 by Line 5. 6. 00 00  7. Credit - Form 760PY filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the		1. Yourself									00
4. Dependent 5. Dependent 6. Dependent 7. Total Family Guideline Income (Be sure to include information from attached schedule, if applicable.) 7. Total Family Guideline Income (Be sure to include information from attached schedule, if applicable.) 7. Total Family Guideline Income (Be sure to include information from attached schedule. Based on this total, the total family Guideline Income from Line 7 and the poverty guidelines in the instructions, determine your eligibility. 8. B. If eligible, enter the number of personal exemptions from Form 760PY or 763. (Do not include age or blindness exemption.) 9. 10. Multiply Line 9 by \$300		2. Spouse									00
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6. Dependent  7. Total Family Guideline Income (Be sure to include information from attached schedule, if applicable.)  7. Total Family Guideline Income (Be sure to include information from attached schedule, if applicable.)  7. Total Family Guideline Income from Line 7 and the poverty guidelines in the instructions, determine your eligibility.  8. If eligible, enter the number of personal exemptions from Form 760PY or 763. (Do not include age or blindness exemption.)  9. Incompare the amount of tax on Line 17, Form 760PY, or on Line 18, Form 763, to the amount on Line 10 above. Enter the lower amount here. This is your Tax Credit for Low Income Individuals. Enter on Line 18(e), Form 760PY, or Line 19(e), Form 763.  11. Part III - Credit for Tax Paid to Another State  12. Attach copy of that state's return.  13. Spouse This column for 760PY Filing Status 4 filers only.  14. Enter qualifying taxable income base for other state's taxes. (See instructions.)  15. Income Percentage - If filing Form 760PY, Line 16, or from Form 763, Line 18  16. Form 760PY filers, multiply Line 4 by Line 5. Form 763 filers, multiply Line 3 by Line 5.  17. Credit - Form 760PY filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the Lines 2 or 6. Form 760 filers, enter the Lines 2 or 6. Form 760 filers, enter the Lines 2 or	-	4. Dependent									00
7. Total Family Guideline Income (Be sure to include information from attached schedule, if applicable.) 7. 00 8. Enter the total number of exemptions listed above and on any attached schedule. Based on this total, the total family Guideline Income from Line 7 and the poverty guidelines in the instructions, determine your eligibility. 8. 9. If eligible, enter the number of personal exemptions from Form 760PY or 763. (Do not include age or blindness exemption.) 9. 10. Multiply Line 9 by \$300. 11. Compare the amount of tax on Line 17, Form 760PY, or on Line 18, Form 763, to the amount on Line 10 above. Enter the lower amount here. This is your Tax Credit for Low Income Individuals. Enter on Line 18(e), Form 760PY, or Line 19(e), Form 763.  11. Part III - Credit for Tax Paid to Another State  x Attach copy of that state's return.    Spouse   This column for 760PY Filing Status 4 filers only.   Spouse   This column for 760PY Filing Status 4 filers only.   Spouse   This column for 760PY Filing Status 4 filers only.   1. Enter qualifying taxable income base for other state's taxes. (See instructions.)   1.   00   00   00   00   00   00   00		5. Dependent									00
8. Enter the total number of exemptions listed above and on any attached schedule. Based on this total, the total family Guideline Income from Line 7 and the poverty guidelines in the instructions, determine your eligibility.  9. If eligible, enter the number of personal exemptions from Form 760PY or 763. (Do not include age or blindness exemption.)  10. Multiply Line 9 by \$300		6. Dependent									00
family Guideline Income from Line 7 and the poverty guidelines in the instructions, determine your eligibility		7. Total Family Gu	ideline Income (Be sure to include in	nformation from attached sch	edule,	if applicat	ole.)		7.		00
blindness exemption.)	8	family Guideline	Income from Line 7 and the poverty	y guidelines in the instructions	s, dete	ermine you	ır eligibilit		8.		
11. Compare the amount of tax on Line 17, Form 760PY, or on Line 18, Form 763, to the amount on Line 10 above. Enter the lower amount here. This is your Tax Credit for Low Income Individuals. Enter on Line 18(e), Form 760PY, or Line 19(e), Form 763.  Part III - Credit for Tax Paid to Another State  **Attach copy of that state's return.    Spouse This column for 760PY Filling Status 4 filers only.   Spouse This column for 760PY Filling Status 4 filers only.   1. Enter qualifying taxable income base for other state's taxes. (See instructions.)	9								9.		
11. Compare the amount of tax on Line 17, Form 760PY, or on Line 18, Form 763, to the amount on Line 10 above. Enter the lower amount here. This is your Tax Credit for Low Income Individuals. Enter on Line 18(e), Form 760PY, or Line 19(e), Form 763.  Part III - Credit for Tax Paid to Another State  x Attach copy of that state's return.  Spouse This column for 760PY Filing Status 4 filers only.  1. Enter qualifying taxable income base for other state's taxes. (See instructions.)	1	0. Multiply Line 9 b	y \$300					,	10.		00
X Attach copy of that state's return.  Spouse This column for 760PY Filing Status 4 filers only.  1. Enter qualifying taxable income base for other state's taxes. (See instructions.)	1	above. Enter the	e lower amount here. This is your Ta	x Credit for Low Income Indiv	iduals	. Enter on	Line 18(e		11.		00
This column for 760PY Filing Status 4 filers only.  1. Enter qualifying taxable income base for other state's taxes. (See instructions.)	Par	t III - Credit fo	r Tax Paid to Another State	е							
2. Virginia Taxable Income - Enter amount from Line 15, Form 760PY, or Line 17, Form 763.  3. Enter qualifying tax paid to other state. (See instructions.) Name of state:  4. Virginia Income Tax - Enter amount from Form 760PY, Line 16, or from Form 763, Line 18  5. Income Percentage - If fi ling Form 760PY, divide Line 1 by Line 2. If filling Form 763, divide Line 2 by Line 1. Compute to 1 decimal place not to exceed 100%. (For ex., 31.6%.).  6. Form 760PY fi lers, multiply Line 4 by Line 5. Form 763 filers, multiply Line 3 by Line 5.  7. Credit - Form 760PY fi lers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the	Х	Attach copy of the	hat state's return.				lumn for 76	60PY Filin	g	You	1
3. Enter qualifying tax paid to other state. (See instructions.) Name of state:  4. Virginia Income Tax - Enter amount from Form 760PY, Line 16, or from Form 763, Line 18 5. Income Percentage - If fi ling Form 760PY, divide Line 1 by Line 2. If filing Form 763, divide Line 2 by Line 1. Compute to 1 decimal place not to exceed 100%. (For ex., 31.6%.).  5. Form 760PY fi lers, multiply Line 4 by Line 5. Form 763 filers, multiply Line 3 by Line 5 6.  7. Credit - Form 760PY fi lers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the	1.	Enter qualifying to	axable income base for other state's ta	xes. (See instructions.)		1.		00	)		00
4. Virginia Income Tax - Enter amount from Form 760PY, Line 16, or from Form 763, Line 18 5. Income Percentage - If fi ling Form 760PY, divide Line 1 by Line 2. If filing Form 763, divide Line 2 by Line 1. Compute to 1 decimal place not to exceed 100%. (For ex., 31.6%.).  6. Form 760PY fi lers, multiply Line 4 by Line 5. Form 763 filers, multiply Line 3 by Line 5 6.  7. Credit - Form 760PY fi lers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the	2	. Virginia Taxable I	ncome - Enter amount from Line 15, F	Form 760PY, or Line 17, Form 7	63.	2.		00	)		00
5. Income Percentage - If fi ling Form 760PY, divide Line 1 by Line 2. If filing Form 763, divide Line 2 by Line 1. Compute to 1 decimal place not to exceed 100%. (For ex., 31.6%.)	3	. Enter qualifying to	ax paid to other state. (See instruction	s.) Name of state:		3.		00	)		00
divide Line 2 by Line 1. Compute to 1 decimal place not to exceed 100%. (For ex., 31.6%.). 5. 5. 6. Form 760PY filers, multiply Line 4 by Line 5. Form 763 filers, multiply Line 3 by Line 5. 6. 7. Credit - Form 760PY fi lers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the	4	. Virginia Income T	ax - Enter amount from Form 760PY, I	Line 16, or from Form 763, Line	18	4.		00	)		00
31.6%.)	5										
7. Credit - Form 760PY filers, enter the lesser of Lines 3 or 6. Form 763 filers, enter the						5.				•	%
						6.		00	)		00
1036F OF EITIGS 4 OF 0.	7					7		00	)		00

necessary to ensure sum does not exceed.

Total - Add Line 7, Col. A and Col. B. Also enter on Line 18(f), Form 760PY or Line 19(f), Form 763.
 Note: The sum of Line11, Part II, and Line 8, Part III, cannot exceed your tax liability. Lower Line 8, Part III, if

2. Penalty - See instructions. If owed, check one and enter amount:  J Late Filing Penalty or J Extension Penalty		As Shown on Virginia Return	Social Security N			
1. Addition to Tax - Enter amount from Form 760C or Form 760F, whichever is applicable	TI	EST O OLYMPICS	<u>'007</u>			
1. Addition to Tax - Enter amount from Form 760F, whichever is applicable. 1. 000 2. Penalty · See instructions. If owed, check one and enter amount:						
2. Penalty - See instructions. If owed, check one and enter amount:  J Late Filing Penalty or J Extension Penalty	x S	ee instructions.				
3. Interest - Compute on amount from Form 760PY, Line 20, or Form 763, Line 21. See Instructions.  4. Total - Add Lines 1, 2 and 3. Enter here and on Line 22, Form 760PY, or Line 23, Form 763.  1. Voluntary Contributions and Consumer's Use Tax (See instructions.)  1. Voluntary Contributions From Overpaid Taxes Enter the code for the organization and the contribution amount(s) in boxes 1a through 1h.  If you are donaiting to more than 8 qualifying organizations, enter the code "00" in the first box and the total amount of all donations. Attach a separate page indicating the amount you wish to contribute to each organization. See Instructions for contribution 1 c.  1. Total Voluntary Contributions - Add Lines 1a -1h This subtotal may not exceed the amount on Form 760PY, Line 21 minus the total of Lines 22 and 23, or Form 763, Line 22 minus the total of Lines 23 and 24.  2. Total Voluntary Contributions  5. Code  Amount  1.	1.	Addition to Tax - Enter amount from Form 760C or Form 760F, whichever is applicable	1.		00	٧
4. Total - Add Lines 1, 2 and 3. Enter here and on Line 22, Form 760PY, or Line 23, Form 763	2.		2.		00	<b>V</b>
Part V - Contributions and Consumer's Use Tax (See instructions.)  1. Voluntary Contributions From Overpaid Taxes Enter the code of the organization and the contribution amount(s) in boxes 1a through 1h.  If you are donating to more than 8 qualifying organizations, enter the code "00" in the first box and the total amount of all donations. Attach a separate page indicating the amount you wish to contribute to each organization. See Instructions for contribution codes.  1d.	3.	Interest - Compute on amount from Form 760PY, Line 20, or Form 763, Line 21. See Instructions.	3.		00	V
1. Voluntary Contributions From Overpaid Taxes Enter the code for the organization and the contribution amount(s) in boxes 1a through 1h.  If you are donating to more than 8 qualifying organizations, enter the code "00" in the first box and the total amount of all donations. Attach a separate page indicating the amount you wish to contribute to each organization. See Instructions for contribution codes.  1d.	4.	<b>Total</b> - Add Lines 1, 2 and 3. Enter here and on Line 22, Form 760PY, or Line 23, Form 763	4.		00	
1. Voluntary Contributions From Overpaid Taxes Enter the code for the organization and the countribution amount(s) in boxes 1a through 1h.  If you are donating to more than 8 qualifying organizations, enter the code "00" in the amount you wish to contribute to each organization. See Instructions for contribution codes.  10.	Par	t V - Contributions and Consumer's Use Tax (See instructions.)				
Enter the code for the organization and the contribution amount(s) in boxes 1a through 1h.  If you are donating to more than 8 qualifying organizations, enter the code "00" in the first box and the total amount of all donations. Attach a separate page indicating the amount you wish to contribute to each organization. See Instructions for contribution codes.  1d.  000 v.  1d.  1d.  1d.  1d.  1d.  1d.  1d.  1			Code	Amount		
first box and the total amount of all donations. Attach a separate page indicating the amount you wish to contribute to each organization. See Instructions for contribution  1c.   000    1d.   000    1e.   1    1f.   000    1g.   1    1h.   000    2. Total Voluntary Contributions - Add Lines 1a -1h This subtotal may not exceed the amount on Form 760PY, Line 21 minus the total of Lines 22 and 23; or Form 763, Line 22 minus the total of Lines 23 and 24.  3. Other Voluntary Contributions Enter the code of the organization and the countribution amount(s) in boxes 3a through 3e.  If you are donating to more than 5 organizations, enter the code "00" in the first box and enter the total amount of all donations. Attach a separate page indicating the amount you wish to contribute to each organization. See Instructions for contribution codes.  4. Public School Foundations Enter the code of the foundation and the countribution amount in 4a.  1 1 2 7 0 0 0 1 1 100 00 v	1.	Voluntary Contributions From Overpaid Taxes  Enter the code for the organization and the contribution amount(s) in boxes 1a through 1h.	a.		00	٧
amount you wish to contribute to each organization. See instructions for contribution  1c.			). 		00	V
2. Total Voluntary Contributions - Add Lines 1a -1h This subtotal may not exceed the amount on Form 760PY, Line 21 minus the total of Lines 22 and 23; or Form 763, Line 22 minus the total of Lines 23 and 24.  3. Other Voluntary Contributions Enter the code of the organization and the countribution amount(s) in boxes 3a through 3e.  If you are donating to more than 5 organizations, enter the code "00" in the first box and enter the total amount of all donations. Attach a separate page indicating the amount you wish to contribute to each organization. See Instructions for contribution codes.  4. Public School Foundations Enter the code of the foundation and the countribution amount in Enter the code of the foundation and the countribution amount in  11.		amount you wish to contribute to each organization. See Instructions for contribution	j		00	V
2. Total Voluntary Contributions - Add Lines 1a -1h This subtotal may not exceed the amount on Form 760PY, Line 21 minus the total of Lines 22 and 23; or Form 763, Line 22 minus the total of Lines 23 and 24					00	V
2. Total Voluntary Contributions - Add Lines 1a -1h This subtotal may not exceed the amount on Form 760PY, Line 21 minus the total of Lines 22 and 23; or Form 763, Line 22 minus the total of Lines 23 and 24		16			00	v
2. Total Voluntary Contributions - Add Lines 1a -1h This subtotal may not exceed the amount on Form 760PY, Line 21 minus the total of Lines 22 and 23; or Form 763, Line 22 minus the total of Lines 23 and 24.  3. Other Voluntary Contributions Enter the code of the organization and the countribution amount(s) in boxes 3a through 3e.  If you are donating to more than 5 organizations, enter the code "00" in the first box and enter the total amount of all donations. Attach a separate page indicating the amount you wish to contribute to each organization. See Instructions for contribution codes.  4. Public School Foundations Enter the code of the foundation and the countribution amount in Enter the code of the foundation and the countribution amount in  Aa. 1 2 7 0 0 1 1 100 00		1	f		00	V
2. Total Voluntary Contributions - Add Lines 1a -1h This subtotal may not exceed the amount on Form 760PY, Line 21 minus the total of Lines 22 and 23; or Form 763, Line 22 minus the total of Lines 23 and 24.  3. Other Voluntary Contributions Enter the code of the organization and the countribution amount(s) in boxes 3a through 3e.  If you are donating to more than 5 organizations, enter the code "00" in the first box and enter the total amount of all donations. Attach a separate page indicating the amount you wish to contribute to each organization. See Instructions for contribution codes.  4. Public School Foundations Enter the code of the foundation and the countribution amount in  4a. 1 2 7 0 0 1 1 100 00					+	
2. Total Voluntary Contributions - Add Lines 1a -1h This subtotal may not exceed the amount on Form 760PY, Line 21 minus the total of Lines 22 and 23; or Form 763, Line 22 minus the total of Lines 23 and 24.  3. Other Voluntary Contributions Enter the code of the organization and the countribution amount(s) in boxes 3a through 3e.  If you are donating to more than 5 organizations, enter the code "00" in the first box and enter the total amount of all donations. Attach a separate page indicating the amount you wish to contribute to each organization. See Instructions for contribution codes.  4. Public School Foundations Enter the code of the foundation and the countribution amount in  4a. 1 2 7 0 0 1 1  100  100					+	
This subtotal may not exceed the amount on Form 760PY, Line 21 minus the total of Lines 22 and 23; or Form 763, Line 22 minus the total of Lines 23 and 24		11	n		00	V
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Enter the code of the organization and the countribution amount(s) in boxes 3a through 3e.  If you are donating to more than 5 organizations, enter the code "00" in the first box and enter the total amount of all donations. Attach a separate page indicating the amount you wish to contribute to each organization. See Instructions for contribution codes.  3b. 8 1 25 00 volume 1 3c. 3d. 3d. 3d. 3d. 3d. 3d. 3d. 3d. 3d. 3d				2.		
If you are donating to more than 5 organizations, enter the code "00" in the first box and enter the total amount of all donations. Attach a separate page indicating the amount you wish to contribute to each organization. See Instructions for contribution codes.  3b. 8 1 25 00 volume 1 3c. 3d. 3d. 3d. 3d. 3d. 3d. 3d. 3d. 3d. 3d	3.		a. 7 2	25	00	V
and enter the total amount of all donations. Attach a separate page indicating the amount you wish to contribute to each organization. See Instructions for contribution codes.  3c.		.,	8.1	25	00	v
4. Public School Foundations Enter the code of the foundation and the countribution amount in  4a. 1 2 7 0 0 1 1 100 00		and enter the total amount of all donations. Attach a separate page indicating the			00	V
4. Public School Foundations Enter the code of the foundation and the countribution amount in  4a. 1 2 7 0 0 1 1 100 00		codes.			+	
4. Public School Foundations Enter the code of the foundation and the countribution amount in 4a. 1 2 7 0 0 1 1 100 00						
Enter the code of the foundation and the countribution amount in 4a. 1 2 7 7 0 1 0 1 1 1 100 00 00		36	9.		00	V
	4.		<b>1</b> 0 <b>1</b> 1	100	00	<b>v</b>
If you want to donate to more than 4 school foundations, enter "999999" and the total amount donated to school			1 1		00	V
foundations on 4a, and attach a schedule showing the amount donated to each foundation. See Instructions for foundations codes.  4c.		foundations on 4a, and attach a schedule showing the amount donated to each foundation. See Instructions for			00	V
5. <b>Total Contributions</b> - Add Line 2, Lines 3 a-e, and Lines 4 a-c	5.	Total Contributions - Add Line 2, Lines 3 a-e, and Lines 4 a-c		5. 150	00	
6. Consumer's Use Tax	6.	Consumer's Use Tax		6.	00	V
7. Total Contributions and Consumer's Use Tax - Add Line 5 and Line 6 Enter this amount on Form 760PY, Line 24, or Form 763, Line 25	7.			7 150		

VIRGINIA TEST # 9/IRS TEST # 33

FORMS REQUIRED: FORM 760CG

INFORMATION RETURNS ATTACHED: FORM 1099R (2)

BOX 11, VA

LOCALITY CODE: 760

PREPARER: FEIN: 54-1234598

PHONE: 804-359-6262

NAME: JOE TAX

FIRM NAME: JOE'S TAX SERVICE ADDRESS: 12 E MAIN ST SUITE 200

RICHMOND, VA 23220

FILING ELECTION, 7 (ELECTRONICALLY FILED)
DEPARTMENT CAN DISCUSS RETURN WITH PREPARER

TAXPAYER: NAME: TEST Y INSIGHTFUL SSN: 400-00-7008

DOB: 03-15-1940 OCCUPATION: RETIRED DISABLED: NO PRES ELEC FUND: NO

DAYTIME PHONE: NOT GIVEN BLIND: NO

SPOUSE: NAME: IRENE K INSIGHTFUL SSN: 400-00-7023

DOB: 05-12-1938 OCCUPATION: RETIRED

DISABLED: NO BLIND: YES

ADDRESS: 512 HOWARD DR

WINTER PARK, FL 32789

FILING STATUS: MARRIED FILING JOINT

FORM 760CG:

FEDERAL ADJUSTED GROSS INCOME: 25,900

SUBTOTAL SUBTRACTIONS: 19,800

VIRGINIA ADJUSTED GROSS INCOME: 6100

VIRGINIA TAXABLE INCOME: 0 SPOUSE WITHHOLDING: 100 OVERPAYMENT AMOUNT: 100

# VA760CG -Tax Year 2004 Individual Income Tax Return

### \*VA0760104999\*

TEST Y INSIGHTFUL IRENE K INSIGHTFUL

512 HOWARD DR

WINTER PARK	FL 32789 Headof			Name or Filing Change:		Accelerated Refund:	٦	
FilingStatus: 2	Household:			Address		Amended:	NOL:	
Exemptions 65 and over	Blind	Dependents	Total	Change: Virginia Return				
Yourself 1	1		04	Not Filed Last Year:		Locality:	760	
Spouse 1 1	1			YourSSN	INSI	•	400007008	
Vendor ID:   ●				Spouse's SSN	INSI	•	400007023	
1. Fed Adj Gross Income	•	25900	•	16a. Your VAGI		•		
2. Additions, see pg 2, line 3	•			16b. Spouse's VAGI		•		
3. Subtotal		25900	•	17. Net Tax				
4a. Age Deduction - You	•	6000		18a. Your Withholdin	ng	•		
4b. Age Deduction - Spouse	•	12000		18b. Spouse's Withh	nolding	•	100.	
5. Soc Sec & Tier 1 Railroad	•	1800	•	19. Estimated Payr	ments	•		
6. State Inc Tax Overpayment	•			20. Extension Payr	nents	•		
7. Other Subtractions, see pg 2, line 7	•			21. Credit for Low	Income	•		
8. Subtotal Subtractions	•	19800	•	22. Credit tax paid	another sta	ate •		
9. Total VAGI		6100	•	23. Other Credits		•		
10a. Federal Sch. A Itemized Deductions				<ol><li>Z4. Total Payments / Credits</li></ol>	_	_	100.	
10b. State/Local Income Tax	•			25. Tax you Owe		•		
10. Deductions	•			26. Overpayment	Amount	•	100.	
11. Exemptions				27. Amount to Credit to Next \	Year's Tax	•		
12. Child/Dependent Care	•			28. Adjustments/C		ns •		
13. Subtotal				Amount You C Paid by Credit (Enter X)		•		
14. VA Taxable Income				Refund:		*	100.	
15. Tax Amt.				Bank Routing Number	•	•		
16. Spouse Tax Adjustment	•			Bank Account Number	•			
_LARDLARLTD \$				_ Office Use:				

### **VA760CG** Page 2 - Year 2004

Y INSIGHTFUL TEST 400007008

### ADDITIONAL FILING INFORMATION

Farming/Fishing, Coalfield Merchant Seaman: Enhancement Fixed Date **Taxpaver** Deceased: Conformity: Dependenton Overseas another's return: when due:

Preparer Info 541234598

Phone You

Spouse

#### Additions - SCH ADJ/CG - Part 1

- Interest on obligations of other state
- Other Additions:
- a. Fixed Date Conformity

b.

C.

TotalAdditions:

#### Subtractions

- Income from obligations or securities of the U.S.
- Disability Income reported as wages
- 6. Other:
  - a. Fixed Date Conformity
  - b.
  - c.
  - d.
- **Total Subtractions:**

Spouse's Signature \_\_\_

Dept of Taxation can discuss my return with my preparer.

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature \_\_\_ Date \_

File by May 2, 2005

# \*VA076020399

### **SUMMARY OF ADJUSTMENTS**(from SCH ADJ/CG Part 2)

Total Additions, Penalty and Interest

Addition from 760C OR 760F

Consumer's Use Tax

- **Total Voluntary Contributions** 
  - Spouse's Name Filing Status 3 Only

Tax Credit for Low Income Individuals

#### 8. Exemption Information Social Security VAGI Number

- a.
- b.
- C.
- d. e.
- f.

Χ

Date\_

Total Family VAGI

9. Total Exemptions

- 10. Exemption total on this return
- 11. Line 10 multiplied by \$300
- 12. Credit (Lesser of Line 11 above or Page 1, Line 17)

### AGE DEDUCTION DETAILS

You 031540 12000.

12100. Spouse 051238

### PAID TAX PREPARER INFORMATION

Tax Preparer FEIN/PTIN/SSN 541234598

7 Filing Election

8043596262 Preparer Phone Number

Preparer Date \_\_\_ Signature

JOE TAX JOES TAX SERVICE 12 E MAIN ST SUITE 200 RICHMOND VA 23220

VIRGINIA TEST # 10/IRS TEST # 29

FORMS REQUIRED: FORM 760CG, SCHEDULE FED

OTHER: FARMER

LOCALITY CODE: 127

PREPARER: FEIN: 34-1256789

PHONE: 804-359-6672 NAME: JOE PREPARER FIRM NAME: QUICK TAX

ADDRESS: 2800 W BROAD ST

RICHMOND, VA 23220

FILING ELECTION, 7 (ELECTRONICALLY FILED)
DEPARTMENT CAN DISCUSS RETURN WITH PREPARER

TAXPAYER: NAME: TEST T LIVINGWATERS SSN: 400-00-7009

DOB: 12-11-1933 OCCUPATION: RETIRED

DISABLED: NO BLIND: YES

DAYTIME PHONE: 804-367-5555 HOME: 804-231-0888

SPOUSE: NAME: ISABEL H LIVINGWATERS SSN: 400-00-7024

DOB: 07-07-1937 OCCUPATION: FARMER

DISABLED: NO BLIND: NO

DAYTIME PHONE: 804-367-2333

ADDRESS: 341 RONALD RD

HULL, IL 62343

FILING STATUS: MARRIED FILING JOINTLY

FORM 760CG:

FEDERAL ADJUSTED GROSS INCOME: 24,814

SUBTOTAL SUBTRACTIONS: 24,000

VIRGINIA ADJUSTED GROSS INCOME: 814

VIRGINIA TAXABLE INCOME: 0

### VA760CG -Tax Year 2004

Individual Income Tax Return

# \*VA0760104999\*

TEST T LIVINGWATERS ISABEL H LIVINGWATERS

341 RONALD RD

HULL	IL 62343 Headof		Name or Filing Change:		Accelerated Refund:	П
Filing Status: 2	Household:	Α	Address			NOL:
Exemptions 65 and over	Blind Dependents	Total <sub>V</sub>	Change: /irginia Return		Amended:	
Yourself 1 1	1	05	Not Filed Last Year:		Locality: •	127
Spouse 1 1			Your SSN	LIVI	•	400007009
Vendor ID:   ●			Spouse's SSN	LIVI	•	40000 <mark>7024</mark>
1. Fed Adj Gross Income	• 24814		16a. Your VAGI		•	
2. Additions, see pg 2, line 3	•		16b. Spouse's VAGI		•	
3. Subtotal	24814		17. Net Tax			
4a. Age Deduction - You	• 12000		18a. Your Withholdin	ng	•	
4b. Age Deduction - Spouse	• 12000		18b. Spouse's Withh	olding	•	
5. Soc Sec & Tier 1 Railroad	•		19. Estimated Payr	ments	•	
6. State Inc Tax Overpayment	•		20. Extension Paym	nents	•	
7. Other Subtractions, see pg 2, line 7	•		21. Credit for Low	Income	•	
8. Subtotal Subtractions	• 24000		22. Credit tax paid a	another sta	te •	
9. Total VAGI	814		23. Other Credits		•	
10a. Federal Sch. A Itemized Deductions			24. Total Payments / Credits		J	
10b. State/Local Income Tax	•		25. Tax you Owe		•	
10. Deductions	•		26. Overpayment A	Amount	•	
11. Exemptions			27. Amount to Credit to Next Y	∕ear's Tax	•	
12. Child/Dependent Care	•				no •	
12. Child/Dependent Care	-		28. Adjustments/C Amount You O	we:	15	
13. Subtotal			Paid by Credit (Enter X)	Card	•	
14. VA Taxable Income			Refund:		*	
15. Tax Amt.			Bank Routing Number	•	•	
16. Spouse Tax Adjustment	•		Bank Account Number	•		
_LARDLARLTD \$			Office Use:			

### **VA760CG** Page 2 - Year 2004

T LIVINGWATERS

400007009

TEST

ADDITIONAL FILING INFORMATION

Farming/Fishing, Merchant Seaman: **Taxpaver** 

Coalfield Enhancement Fixed Date

Deceased: Conformity: Dependenton Overseas another's return: when due:

Preparer Info 341256789

Phone

8042310888 You

8043675555 • •

Spouse 8043672333 •

### **SUMMARY OF ADJUSTMENTS**(from SCH ADJ/CG Part 2)

\*VA076020399

Total Additions, Penalty and Interest

Addition from 760C OR 760F

Consumer's Use Tax

**Total Voluntary Contributions** 

Spouse's Name - Filing Status 3 Only

### Additions - SCH ADJ/CG - Part 1

Interest on obligations of other state

Other Additions:

a. Fixed Date Conformity

b.

C.

TotalAdditions:

#### Subtractions

- Income from obligations or securities of the U.S.
- Disability Income reported as wages
- Other:

b.

- a. Fixed Date Conformity
- c.
- d.
- **Total Subtractions:**

Dept of Taxation can discuss my return with my preparer.

I (We), the undersigned, declare under penalty of law that I (we) have examined this return and to the best of my (our) knowledge, it is a true, correct and complete return.

Your Signature \_\_\_ Date \_

Spouse's Signature \_\_\_ Date\_

File by May 2, 2005

#### Tax Credit for Low Income Individuals

8. Exemption Information Social Security VAGI Number a. b. C.

d.

e. f.

Χ

- Total Family VAGI
- 9. Total Exemptions
- 10. Exemption total on this return
- 11. Line 10 multiplied by \$300
- 12. Credit (Lesser of Line 11 above or Page 1, Line 17)

### AGE DEDUCTION DETAILS

You 121133

24814. Spouse 070737

### PAID TAX PREPARER INFORMATION

Tax Preparer FEIN/PTIN/SSN 341256789

7 Filing Election

Preparer Phone Number 8043596672

Preparer Date \_\_\_ Signature \_

JOE PREPARER QUICK TAX 2800 W BROAD ST RICHMOND VA 23220

### 2004 Virginia Schedule FED

TEST T LIVINGWATERS **ISABEL** H LIVINGWATERS

341 RONALD RD

\*VA0FFD104999\*

400007009

HULL IL62343 400002029 127

SCHEDULE C, SCHEDULE C-EZ and/or SCHEDULE F INFORMATION

First Schedule Info. F 1. Schedule Name Second Schedule Info.

74635. 2. Gross Receipts or Sales 3. Depreciation / 17008.

expense deduction

111100 4. Business Activity Code

075 5. Business Locality Code

2500. 6. Car and truck expenses

19655. 7. Inventory at end of year

8. Number of miles you used your vehicle for: Business

9. Number of miles you used your vehicle for: Commuting

10. Number of miles you used your

vehicle for: Other

#### SCHEDULE 2106 and/or SCHEDULE 2106-EZ INFORMATION

11. Number of miles you used your

vehicle for: Business

12. Number of miles you used your vehicle for: Commuting

13. Number of miles you used your

vehicle for: Other

14. Percent of business use of

vehicle: Vehicle 1

15. Percent of business use of

vehicle: Vehicle 2

**SCHEDULE 4562 INFORMATION** 

16. Property Used more than 50% in a qualified business use:

TRUCK Type of property

031896 17. Date placed in service

18. Business/investment 10000 use percentage

19. Cost or other basis

20. Depreciation deduction

21. Elected section 179 cost

22. Business Locality Code

075